**Ref No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To,**

Supervisor Name

Designation

University Name,

Email and Contact Number.

**APPOINTMENT OF SUPERVISOR**

The Departmental Research Committee (DRC) of the Department of Computer Science, AIU is pleased to appoint you as the Principal Supervisor for our following BSCS Students:

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Registration No** | **Student Name** | **CGPA** | **Contact #** |
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During the period of research project work, you are requested to send us the monthly progress report on the specified Supervision Meeting Record (Annex-C), available at the department/DRC. You will also be required to be present at the time of Proposal and Thesis Defense.

We hope our student will greatly benefit from your valuable research experience towards completing his/her research work in time.

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **HOD/PROGRAM COORDINATOR** |  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DIRECTOR/DEPUTY DIRECTOR ARC** |