

**Tribhuvan University
Institute of Engineering
Central Campus Pulchowk
Department of Mechanical Engineering**

M. Sc.

Supervisor Recommendation Form:

Final Thesis Defense Examination

Mid-Term Thesis Defense Examination

Name of Student: _____

Class Roll No: _____

Thesis Title: _____

Tick the box related to the performance level of the student for the following question.

Performance of the student

Not
satisfactory

Satisfactory

Good

Excellent

Any specific comments on the performance of the student

Decision of the Supervisor

I hereby recommend for appearance in the mentioned exam

I hereby do not recommend for appearance in the mentioned exam

For Final Thesis Defense Examination:

External Examiner Recommendation

Name of the External Examiner:

Designation:

Office:

Contact Number:

Subject Related Experience:

Publication:

Title:

Publisher:

Month/Year of publication:

Name of Supervisor: _____

Signature _____

Date: _____