

INDIAN INSTITUTE OF TECHNOLOGY ROPAR
Department of Mechanical Engineering

GROUP No. _____ (To be filled by the office)

M.Tech Project Allocation Form

Date: _____

(A) Details of the student:

Entry Number	Name	Specialization (Design/ Manufacturing/ Thermal)
Email	Contact number	Signature

(B) Details of the supervisor(s):

S. No.	Name of faculty member	Dept/ Center	Signature
1			
2			

(C) Title of the project (tentative):

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Signature of Faculty Advisor

Signature of HOD