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| **TEMPLATE – D: Details of MS-MPhil Enrolled Students** | | | | | | | | |
| **Degree Program Title** | |  | | | | | | |
| **S.No.** | **Name of Student** | **Date of Admission** | **16 Years Education Completed** | **Last Degree Title** | **GAT Subject / Equivalent Test Cleared** | **Course Work Completed** | **Approval of Synopsis** | **Name of Supervisor** |
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**Registrar Dean Director QEC Vice Chancellor/Rector/Head of Institute**