



KASBIT

PROJECT/IS/THESIS REGISTRATION FORM

Program:

PhD Thesis

PhD-IS

MS/M.Phil Thesis

MS/M.Phil-IS

MBA 90/36 Project

MBA 72 Project

BBA Project

Campus: _____

Name: _____ **Student ID:** _____

Contact No. _____ **Email:** _____

Area of specialization: _____

Supervising Faculty: _____

Semester: _____ **Student Signature:** _____

Registrar Comments: _____

Registrar Signature: _____

Date: _____

Receipt

Received By: _____

Date: _____

Signature: _____