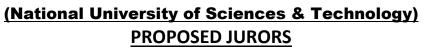


## **SCHOOL OF ART DESIGN & ARCHITECTURE**





COURSE:	SEMESTER:	SUBJECT:
SPONSORED FACULTY:		STUDENTS STRENGTH:
TYPE OF JURY:	JURY DATE:	SUBMISSION DATE:
		Present Designation/Position:
		Transport Facility:
		Email:
2. Name:		Present Designation/Position:
Area of Specialization: _		
Requirement of Guest R	oom:	Transport Facility:
Contact Number:		Email:
3 Name:		Present Designation/Position:
		Tresent Designation, restricts.
		Transport Facility:
Contact Number:		Email:
Name/Signature of Sponsored Faculty:		Date:

## **APPROVED/NOT APPROVED**

Date:	Signature:
Date.	Signature.