**FORM RS-001 – CVV REQUEST FORM (Approved on 06.09.2023)**

**Name/Roll No. of the scholar :**

**Guide Name :**

**Date of Joining :**

**Date & Time of Meeting :**

**Attempt number for Oral CVV : First / Second**

**Section-I: Courses Opted by Scholar (Approved by DC)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course No** | **Course Name** | **Credit** | **Grade** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | CGPA |  | |

**Note : CVV can be held only if CGPA is greater than 7.5.**

**Section II : DC Members**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Member** | **Name** | **Remarks** |
| 1 | DC Chairman |  |  |
| 2 | DC Members (I) |  |  |
| 3 | DC Members (E) |  |  |
| 4 | External (1) | **\*** |  |
| 5 | External (2) | **\*** |  |

**\* To be nominated by HOD**

**Date: xx.xx.2023**  **Signature of Scholar**

**Approved by Guide(s)**