**PhD**

**Department of Ocean Engineering, IIT Madras**

**OE6999/OE7999 course evaluation meeting request**

Date :

Name of the Ph.D Scholar & Roll Number :Mr./Ms.

Contact No & email address :

:

Date of Registration :

:

Guide Name :

:

Area of Research :

Scholar has to submit the following documents to [oeoffice@iitm.ac.in](mailto:oeoffice@iitm.ac.in)

1. Detailed report of OE 6999/OE7999

(Opted Course- Maximum 20 pages)

Tentative date expected for meeting:

Mode of meeting : Physical/ online

(if online reason to be specified)

Signature of Guide Head of the Department

**\* Please Note: Meeting to be scheduled only on every Thursday & Friday only (3.00 to 5.00pm)**