

# 1 DBS – BSMS, IPHD- FORMS

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**Form 1:** 1st Semester Evaluation Form for BS-MS (5th yr); 1st and 2nd Semester Evaluation for IPHD (2nd, 3rd yr)

**Form 2:** Supervisor's BS-MS Thesis Evaluation Form

**Form 3:** BS-MS Thesis First Draft Evaluation Form (Committee Members including Supervisor)

**Form 4:** Thesis Feedback Form (Committee Members including Supervisor)

**Form 5:** BS-MS Thesis Presentation Evaluation (Committee Members including Supervisor)

**Form 6:** BS-MS Best Thesis Evaluation (Best-Thesis-Committee Members)



**Department of Biological Sciences**

**Form 1: 1<sup>st</sup> Semester Evaluation Form for BS-MS (5<sup>th</sup> yr); 1<sup>st</sup> and 2<sup>nd</sup> Semester Evaluation for IPhD (2<sup>nd</sup>, 3<sup>rd</sup> yr)**

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Name of the Student:	
Roll Number:	
Project Title:	
Date of Presentation:	
Name of Thesis Supervisor:	

**Evaluation of *Presentation*:**

	Name of Evaluators	Conceptual development (out of 10)	Content (out of 10)	Effort (out of 10)	Clarity, Style (out of 10)	Total (out of 40)
Evaluator 1						
Evaluator 2						
Supervisor						
<b>Total (out of 120)</b>						

**Average of *Presentation*** (out of 60):

**Performance in lab** (out of 40, by Thesis advisor):

**Total** (out of 100):

**Comments** (to be shared with the student):

**Grade** (Leave Blank; to be entered by DBS):

**Signatures with Date:**

*Evaluator 1*

*Evaluator 2*

*Supervisor*



**Department of Biological Sciences**

**Indian Institute of Science Education and Research Kolkata**

**Form 2: Supervisor's BS-MS Thesis Evaluation Form**

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Name of the Student:
Roll Number:
Project Title:
Please Score(Out of 40) on the Following :
Final Thesis (out of 10)
Sincerity, Work Ethics, Experimental Skills (out of 30)

Total Marks:
General Comments (use other side if required):

Name of the Supervisor  
Date:

Signature



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**Form 3: BS-MS Thesis First Draft Evaluation Form  
(Committee Members including Supervisor)**

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Name of the Student:
Roll Number:
Project Title:
Please Score(Out of 30) on the Following :
Content (out of 10)
Writing skill (out of 10)
Formatting (out of 10)

Total Marks:
General Comments (use other side if required):

Name of the Evaluator  
Date:

Signature



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**Form 4: Thesis Feedback Form**  
**(Committee Members including Supervisor)**

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Name of the Student:

Roll Number:

Project Title:

Comments on thesis to be incorporated in final submission (use both sides):

Name of the Evaluator

Signature  
Date:



**Department of Biological Sciences**

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**Form 5: BS-MS Thesis Presentation Evaluation  
(Committee Members including Supervisor)**

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Name of the Student:
Roll Number:
Project Title:
Please Score(Out of 30) on the Following :
Conceptual Understanding (out of 10)
Quality of Work (out of 10)
Interaction (out of 10)

Total Marks: General Comments (use other side if required):
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Name of the Evaluator

Signature

Date:



**Department of Biological Sciences**

**Indian Institute of Science Education and Research Kolkata**

**Form 6: BS-MS Best Thesis Evaluation  
(Best-Thesis-Committee Members)**

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Name of Candidate	Roll No.	Presentation (on 10)	Q&A (on 10)	Total (on 20)

*Use the reverse side for comments*

Name of the Evaluator

Signature

Date: