



**Department of Medical Physics and Biomedical Engineering (MPBME)  
GonoBishwabidyalay, Nalam, Savar, Dhaka – 1344**

**Thesis/Project Evaluation Report**

**1. Title of Thesis/Project:**

**2. Name of student:**

**3. Type of work:**

**(A) Thesis (M.Sc)**

**(B) Project (B.Sc)**

1.	Do the Objectives of the research were clearly explained?	Yes	Comment:
		No	
2.	Do the scope of the research was clearly explained?	Yes	Comment:
		No	
3.	Do the Methodology of the research was clearly explained and explained methodology was used in this research?	Yes	Comment:
		No	
4.	Do the literature reviews of the research was clearly explained (applicable cases)?	Yes	Comment:
		No	
5.	Do the Data of the research was reasonable/allowable?	Yes	Comment:
		No	
6.	Do the description and classification of the information were satisfactory?	Yes	Comment:
		No	
7.	Do the logic and information were taken according to the objectives?	Yes	Comment:
		No	
8.	Do the researcher completed his/her research according to the objectives?	Yes	Comment:
		No	
9.	Do the internal consistency is appropriate among his/her recorded data, information and description?	Yes	Comment:
		No	
10.	Do the footnote and reference are appropriate?	Yes	Comment:
		No	
11.	Do the conclusion is according to the logic and data?	Yes	Comment:
		No	
12.	Do the references are prepared according to the correct method?	Yes	Comment:
		No	
13.	Is there lingual easiness in his/her report?	Yes	Comment:
		No	

14.	Will any big editing necessary to his/her submitted report?	Yes	Comment:	
		No		
15.	Is the report capable to create any basic knowledge?	Yes	Comment:	
		No		
16.	Is the report eligible for publication?	Yes	Comment:	
		No		
17.	Give your final comment on the importance and quality of the research?	Yes	Comment:	
		No		
18.	Grade			
	<b>Numerical grade</b>	<b>Letter grade</b>		
	80% and above	A+		4.00
	75% to 79%	A		3.75
	70% to 74%	A-		3.50
	65% to 69%	B+		3.25
	60% to 64%	B		3.00
	55% to 59%	B-		2.75
	50% to 54%	C+		2.50
	45% to 49%	C		2.25
	40% to 44%	D		2.00
	Less than 40%	F (Fail)		0.00
		I (Incomplete)		
	W (withdrawn)			

**Co Supervisor:** Academic  /Clinical

**Joined Supervisor:** Academic  /Clinical

**Supervisor:** Academic

Appraiser (Sign & Seal):

Appraiser Name :

Mobile Number :

E-mail :