



भारतीय प्रौद्योगिकी संस्थान मुंबई  
INDIAN INSTITUTE OF TECHNOLOGY BOMBAY  
पवई, मुंबई/ Powai, Mumbai-400076  
महाराष्ट्र, भारत/ Maharashtra, India  
Tel: (+91-22) 2572 2545 (+91-22) 2576 7041

प्रपत्र संख्या/ Form No.  
\_\_\_\_\_

शैक्षिक अनुभाग/ Academic Section

मौजूदा शैक्षणिक पाठ्यक्रम में परिशोधन का प्रस्ताव/ Proposal for Revision of Existing Academic Course

Name of Academic Unit: \_\_\_\_\_

**Notes:**

1. **Revision in Course Title, Course Code and Course Credits is not allowed.** For this, a new course should be proposed.
2. The duly signed hard copy of proposal should be sent to the Academic office. Also, the soft copy (.docx & PDF file) should be sent to the Dy. Registrar (Academic) <[dracad@iitb.ac.in](mailto:dracad@iitb.ac.in)>
3. **For course to be offered in Autumn semester, proposal be sent to academic office at least one month before the start date of semester registration for Autumn Semester and for course to be offered in Spring semester, proposal be sent at least one month before the start date of semester registration for Spring Semester**
4. Tick appropriate items, Add separate sheet (if required)

|   |   |   |   |                   |
|---|---|---|---|-------------------|
| Course Number   |   |   |   |                   |
| Course Title  |   |   |   |                   |
| Credit Structure<br>$C = 2(L+T) + P$ for Full Semester;<br>$C = L+T+0.5*P$ for Half Semester. | Lectures (L)  | Tutorials (T)   | Practicals (P)  | Total Credits (C) |
|   |   |   |   |                   |
| Duration of Course  | <input type="checkbox"/> Half Semester  |   | <input type="checkbox"/> Full Semester  |                   |
| Academic Programme for which course is applicable   | <input type="checkbox"/> Undergraduate<br><input type="checkbox"/> Ph.D.  |   | <input type="checkbox"/> Postgraduate<br><input type="checkbox"/> M. Engineering  |                   |
| Type of Course  | <input type="checkbox"/> Theory<br><input type="checkbox"/> Project   | <input type="checkbox"/> Seminar<br><input type="checkbox"/> Non-credit | <input type="checkbox"/> Lab<br><input type="checkbox"/> Studio   |                   |
| Course Tag  | <input type="checkbox"/> Core<br><input type="checkbox"/> Department Elective<br><input type="checkbox"/> SLP<br><input type="checkbox"/> HASMED Elective<br><input type="checkbox"/> Soft Core | <input type="checkbox"/> Minor  | <input type="checkbox"/> Honor<br><input type="checkbox"/> Institute Elective<br><input type="checkbox"/> R & D Project<br><input type="checkbox"/> HASMED Core<br><input type="checkbox"/> STEM Elective |                   |
| Proposed revision is in respect of  | <input type="checkbox"/> Contents   |   | <input type="checkbox"/> Text & References  |                   |
| Proposed revision applicable from Semester  | <input type="checkbox"/> Autumn   |   | <input type="checkbox"/> Spring   |                   |
| Existing contents/ Text & References  | Proposed Revisions  |   |   |                   |
|   |   |   |   |                   |

|   |                |   |
|---|----------------|---|
|   |                |   |
| <b>Names of Instructors</b><br><i>(Require the names of at least two permanent faculty members of IITB)</i> | <b>Sr. No.</b> | <b>Name of Instructor &amp; Academic Unit</b> |
|   | <b>1.</b>      |   |
|   | <b>2.</b>      |   |
|   | <b>3.</b>      |   |

The above proposal for revision in the course content/course Text and references of the above mentioned course is found to be acceptable by (DUGC/ DPGC/ PGC) in its meeting held on \_\_\_\_\_. The committee recommends the revision of the course for consideration of UGPC / PGPC.

**Date:**

\_\_\_\_\_  
**Signature of the Convener,  
DUGC/ DPGC/ PGC of the Academic Unit**