



University of Applied Sciences

THESIS APPLICATION FORM Master's Program in Autonomous Systems

Universit	ty of Applied Sciences Autonomous Systems	Project ID				
A. Student information						
1. Name	Devaiah	Ulliyada Arun				
2. Study info	Enrollment number	Started program				
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5. Address	Street, zip, city, country					
during thesis stage	Hirschberger Strasse 60, 53119, Bonn, Germany					
B. Project information						
1. Project duration	From	То				
	20.05.2022	20.11.2022				
2. Proposed topic	Title					
	Navigation of Bulky Robots in Confined Indoor Spaces					
3. Supervisors	1 st supervisor's name	Affiliation (HBRS department)				
	Prof. Dr. Erwin Prassler					
	2 nd supervisor's name	Affiliation FB02 Affiliation Kelo Robotics GmbH				
	Prof. Nico Hochgeschwender					
	3 rd supervisor's name					
	DiplIng. Nico Hübel					
	4 th supervisor's name	Affiliation				
4. Group work	No Yes If yes, please write your partner's name					
5. Location of thesis work	□Within the department □Within another HBRS dept.	□ Outside the university				
C. Agreement		,				
First supervisor	Date (dd. mm. yyyy)	Signature				
	20.05.2022	6ruin FaBL				
2. Candidate	Date (dd. mm. yyyy)	Signature				

3. Internal/ external advisor Company name and address (if external)

Advisor's name

Advisor's email address

The external advisor hereby declares that the candidate will be provided with a workstation equipped with the resources needed to prepare the thesis and that regular supervision on the subject matter of the thesis is assured.

Signature

Date (dd. mm. yyyy)

TO BE COMPLETED BY TH	E EXAMINATION BOARD the candidate to the above R&D p	roject with 🗆 r	no changes □tl	he following chan	ges					
1. Topic	Title									
2. Project duration	From (dd. mm. yyyy)				To (dd. mm. yyyy)					
3. Supervisors		1 st supervisor		2 nd supervisor		3 rd supervisor		4 th supervisor		
				□ Examining	□ Not examining	□ Examining	□ Not examining	□ Examining	□ Not examining	
4. Project number										
5. Board signature	Date (dd. mm. yyyy)				Signature					
TO BE COMPLETED BY TH	E DEPARTMENT OFFICE receipt of the topic and date of the	ne thesis assign	ment							
	Date (dd. mm. yyyy)				Signature					
Submission of the thesis to the	department office									
1. Candidate's agreement	Date (dd. mm. yyyy)		Signature							
2. Thesis submission	Date (dd. mm. yyyy)		Hard copies		copies	Abstra	ct	Transcript		
3. Forwarded to 1 st supervisor	Date (dd. mm. yyyy)		7. Grade received from 1 st supervisor		Date (dd. mm.	vyyy)				
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4. Forwarded to 2 nd supervisor	oate (dd. mm. yyyy)		8. Grade received from 2 nd supervisor		Date (dd. mm. yyyy)					
supervisor			2 Supervi							
5. Forwarded to 3 rd supervisor	Date (dd. mm. yyyy)		9. Grade received from 3 rd supervisor		Date (dd. mm.)	yyy)				
6. Forwarded to 4 th supervisor	Date (dd. mm. yyyy)		10. Grade received from 4 th supervisor		Date (dd. mm.)	yyyy)				