

List of Suggested Examiners for Ph.D. Oral Board

Name of Student: _____ Roll No. _____

Department/IDP: _____

Thesis Title: _____

(in capitals) _____

Thesis Supervisor(s): _____

Name of Examiners	Dept./Disc./Affiliation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Thesis Supervisor(s)/Programme Coordinator

Date:

Forwarded

Convener, DPGC
Date:

Head of Department
Date:

Chairperson, SPGC
Date:

Approved

Chairman, Senate
Date: