

List of Suggested Examiners for Ph.D. Thesis Board

Name of Student: _____

Roll No.: _____

Department/IDP _____

Date of Registration in the Ph.D. Programme: _____

Date of Candidacy (Comp. Exam): _____ Date of Open Seminar: _____

Thesis Title: _____

(in capitals) _____

Names of Examiners with Address/Fax/Phone/Email (use additional sheet, if required):

The student will submit the thesis by _____(date), i.e., within four weeks from today.

Thesis Supervisor(s)
Date:

FORWARDED

Convener, DPGC
Date:

Head of Department
Date:

Chairperson, SPGC
Date:

Approved

Chairman, Senate
Date: