

Format for Panel of Ph.D. Thesis Evaluation

Department

College

Dean

Post Graduate Studies

The following-panel of external examiners is suggested for thesis evaluation and conduct of viva-voce as per particulars given below.

Name of Student I.D. No. Title of degree
..... Ph.D. Major..... Minor.....

Thesis title
.....
.....

Tentative period of thesis submission (week)-

External Examiners:

1
.....PIN.....

Phone.....Email-.....

2
.....PIN.....

Phone.....Email-.....

3
.....PIN.....

Phone.....Email-.....

4
.....PIN.....

Phone.....Email-.....

5
.....PIN.....

Phone.....Email-.....

6
.....PIN.....

Phone.....Email-.....

Signature of Advisor

Please See Over-leaf

- 1 Certified that the experts in the field of research of the student as suggested S.L. No..... above are not available in U.P. or in the states adjoining.
- 2 Certified that the above panel does not contain the names of the examiner who has conducted the oral preliminary exam of the student (in case of Ph.D. thesis only)

Head of the Department

Forwarded to Dean PGS

Signature of Dean of the College

The request is in order and forwarded to nominate the name of examiners.

Dean, PGS

Agreed & Dr..... and Dr..... be requested for evaluation of thesis and Dr is nominated for conducting thesis viva-voce examination.

Vice-Chancellor

Consent of the above examiner has been received and thesis may be sent to the Registrar for further necessary action,

(Dealing clerk)

Send 03 copies of the thesis to the Registrar

Dean PGS