

Thesis Oral Examination of Ph. D. Scholar Proposal Form

Date of Proposal		
Scholar's Roll Number		
Scholar's Name		
Scholar's Department		
Proposed Date and Time of Thesis Oral Examination (minimum duration is 1 hour)	Date :	
	Time From:	To:
Details of Thesis Supervisor (s)		Details of Thesis Coordinator(if any)
Name: (1)	(2)	
Designation:		
Contact No.:		
Proposed list of Board of Examiners At least one Member should be from Outside Discipline	S#	Name
	1	
	2	
	3	
	4	
	5	
	6	

Signature of Thesis Supervisor (s)

Recommendation / Rejection by the HOD with Remarks (if any)	
Recommendation / Rejection by the DOAR with Remarks (if any)	
Name of the External Examiner, to be nominated by Chairperson AC	
Approval / Rejection by the Chairperson AC with Remarks (if any)	