

Thesis Oral Examination of Ph. D. Scholar Evaluation Report

(Containing two pages - please print this form back to back on one page)

| | | |
|---------------------------------------|------------|---------------------------------------|
| Scholar's Roll Number | | |
| Scholar's Name | | |
| Scholar's Department | | |
| Date and Time of the Oral Examination | Date : | |
| | Time From: | To: |
| Scholar Joined the Ph.D. Program in | Month | Year |
| Date of Thesis Submission | | |
| Thesis Title : | | |
| Details of Thesis Supervisor (s) | | Details of Thesis Coordinator(if any) |
| (1) Name: | (2) | |
| Designation: | | |
| Contact No.: | | |

Thesis Oral Examination of Ph. D. Scholar Evaluation Report

REPORT BY THE BOARD OF EXAMINERS

| | | |
|----|---|---------------------------|
| 1) | Have the necessary modification suggested by the External Examiners been incorporated? | Yes / No / Not Applicable |
| 2) | Comments- (include Board's opinion on the candidate's replies to the questions raised by Examiners and include the Board's overall judgment on the suitability of the quality/quantity of the work done by the candidate for the award of the Ph.D. degree) : | |
| 3) | The Candidate has Passed / Failed (tick one of the two choices indicated) | PASSED |
| 4) | FAILED | |
| 4) | Do you approve or reject this thesis for the award of the Ph.D. Degree? Please tick mark the appropriate choice and cross remaining choices and offer comments, as required: (Use additional pages, if required.) | |
| | i) Approved without correction | |
| | ii) Approved with minor corrections (please list the set of corrections) | |
| | iii) Rejected with a set of suggestions (please list the set of suggestions to improve the work) | |

| | |
|--------------------------------------|--|
| Signature & Name of the Examiner - 1 | Signature & Name of the Examiner - 2 |
| Signature & Name of the Examiner - 3 | Signature & Name of the Examiner - 4 |
| Signature & Name of the Examiner - 5 | Signature of the Outside Discipline Examiner |

Signature of External Examiner

Signature of Thesis Supervisor(s) / Coordinator (if any)

| | |
|---|--|
| Recommendation / Rejection by the HOD with Remarks (if any) | |
| Recommendation / Rejection by the DOAR with Remarks (if any) | |
| Approval / Rejection by the Chairperson AC with Remarks (if any) | |