

Comprehensive 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 the Comprehensive 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.:			
List of Courses completed by Scholar, with Grades (Attach a separate sheet if required)	S#	Name of course	Grade
	1		
	2		
	3		
	4		
	5		
	6		
	7		
To be filled by Academic Section	Total Course-Work Credits Completed by Scholar as on date of this request		
	Scholar's CGPA as on date of this request		
List of Discipline Specific Examiners (specify a minimum of 06 names, from which the DOAR shall select at least three)	1		
	2		
	3		
	4		
	5		
	6		
Name of the Outside Discipline Examiner, to be nominated by DOAR			

Signature of Thesis Supervisor (s)

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)	