

## State of the Art Seminar (SOTA) 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 State of the Art Seminar  | Date :     |                                       |
|  | Time From: | To:                                   |
| Details of Thesis Supervisor (s)   |            | Details of Thesis Coordinator(if any) |
| Name: (1)  | (2)        |                                       |
| Designation:   |            |                                       |
| Contact No.:   |            |                                       |
| Evaluation of the Breadth and Depth of the Candidate in areas of relevance: (Use additional pages, if required.) |            |                                       |

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|--|
| Decision: Scholar's Performance is Satisfactory / Unsatisfactory (Briefly justify the decision): |
|--|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| 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 & Name of the Examiner - 6 |

|  |   |
|--|---|
| Signature of the Outside Discipline Examiner | Signature of Thesis Supervisor(s) / Cordinator (if any) |
|--|---|

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