

**Comprehensive Examination of Ph D Student
Proposal Form**

Date of Proposal	
Student's Name	
Student's Roll Number	
Student's Department	
Name (s) of Thesis Supervisor (s) [Mention each Supervisor's Designation, Affiliation, Contact Information]	
Name of Thesis Coordinator (if applicable) [Mention Coordinator's Designation, Affiliation, Contact Information]	
List of Courses completed by Student, with Grades (Attach a separate sheet if necessary)	
Total Course-Work Credits Completed by Student (on the date of this request)	
Student's CGPA (as on the date of this request)	
Proposed Time and Date of the Comprehensive Examination (minimum duration is 1 hour)	From Time : To Time : Date :
List of Discipline Specific Examiners (specify a minimum of six names, from which the Chairperson AC-PGC shall select at least three names)	
Name of the Outside Discipline Examiner, nominated by Chairperson AC-PGC	
Recommendation / Rejection by the Chairperson, AC-PGC with Remarks (if any)	
Approval / Rejection by the Chairperson, AC with Remarks (if any)	