**SRM INSTITUTE OF SCIENCE AND TECHNOLOGY**

**(Deemed to be University U/s 3 of UGC Act, 1956)**

## PANEL OF EXAMINERS FOR ORAL EXAMINATION

**(To be submitted to the Controller of Examinations (by name) in a Confidential and Sealed Cover)**

|  |  |  |
| --- | --- | --- |
| 01. | Name of the Scholar |  |
| 02. | Register No. |  |
| 03. | Title of the Thesis |  |
| 04. | Faculty |  |
| 05. | Department |  |
| 06. | Name of the Supervisor |  |
| 07. | Name of the Joint - Supervisor |  |

**SUPERVISOR JOINT SUPERVISOR**

(Signature with Name and Seal) (Signature with Name and Seal)

(IF applicable)

|  |  |  |
| --- | --- | --- |
| S.No | Name with Postal Address | Area of Specialization |
| I | Name: Designation: Department: Address:  Phone:  Email: |  |
| II | Name: Designation: Department: Address:  Phone:  Email: |  |
| III | Name: Designation: Department: Address:  Phone:  Email: |  |

**PROFILE OF THE EXAMINER – I**

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College : where he/she is currently working
5. If the examiner is working in a college, to mention whether

the department is an approved : Yes / No research department or not

1. Broad area of research :
2. Total number of publications :
3. Total number of Ph.D scholars : currently guiding
4. Total number of Ph.D scholars : completed
5. Mention two or three recent publications

(With Journal name, Title of the articles, Issue/Volume number, month & year of the publication) :

1. Complete Postal Address :

Line 1: Line 2: Line 3:

District or City : Zip or Pin code : Province or State : Name of the Country : Phone: Landline : Mobile : (Including the Country Code)

Email-id (i) :

(ii) :

# PROFILE OF THE EXAMINER – II

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College : where he/she is currently working
5. If the examiner is working in a college, to mention whether

the department is an approved : Yes / No research department or not

1. Broad area of research :
2. Total number of publications :
3. Total number of Ph.D scholars : currently guiding
4. Total number of Ph.D scholars : completed
5. Mention two or three recent publications

(With Journal name, Title of the articles, Issue/Volume number, month & year of the publication) :

1. Complete Postal Address :

Line 1: Line 2: Line 3:

District or City : Zip or Pin code : Province or State : Name of the Country : Phone: Landline : Mobile : (Including the Country Code)

Email-id (i) :

(ii) :

# PROFILE OF THE EXAMINER – III

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College : where he/she is currently working
5. If the examiner is working in a college, to mention whether

the department is an approved : Yes / No research department or not

1. Broad area of research :
2. Total number of publications :
3. Total number of Ph.D scholars : currently guiding
4. Total number of Ph.D scholars : completed
5. Mention two or three recent publications

(With Journal name, Title of the articles, Issue/Volume number, month & year of the publication) :

1. Complete Postal Address :

Line 1: Line 2: Line 3:

District or City : Zip or Pin code : Province or State : Name of the Country : Phone: Landline : Mobile : (Including the Country Code)

Email-id (i) :

(ii) :