PANEL OF EXAMINERS FOR ORAL EXAMINATION

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

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<tbody>
<tr>
<td>01.</td>
<td>Name of the Scholar</td>
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<td>02.</td>
<td>Register No.</td>
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<td>03.</td>
<td>Title of the Thesis</td>
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<td>04.</td>
<td>Faculty</td>
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<td>05.</td>
<td>Department</td>
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<td>06.</td>
<td>Name of the Supervisor</td>
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<td>07.</td>
<td>Name of the Joint - Supervisor</td>
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SUPERVISOR  
(Signature with Name and Seal)  

JOINT SUPERVISOR  
(Signature with Name and Seal)  
(IF applicable)
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<tr>
<th>S.No</th>
<th>Name with Postal Address</th>
<th>Area of Specialization</th>
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<tbody>
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<td>I</td>
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<td>II</td>
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<td>III</td>
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<td>Phone: Email:</td>
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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 research department or not : Yes / No 

6. Broad area of research : 

7. Total number of publications : 

8. Total number of Ph.D scholars currently guiding : 

9. Total number of Ph.D scholars completed : 

10. Mention two or three recent publications (With Journal name, Title of the articles, Issue/Vol number, month & year of the publication) : 

11. 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 research department or not : Yes / No

6. Broad area of research : 

7. Total number of publications : 

8. Total number of Ph.D scholars currently guiding : 

9. Total number of Ph.D scholars completed : 

10. Mention two or three recent publications (With Journal name, Title of the articles, Issue/Volume number, month & year of the publication) : 

11. 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 research department or not : Yes / No 

6. Broad area of research : 

7. Total number of publications : 

8. Total number of Ph.D scholars currently guiding : 

9. Total number of Ph.D scholars completed : 

10. Mention two or three recent publications (With Journal name, Title of the articles, Issue/Volume number, month & year of the publication) : 

11. 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) : ____________________________________________