



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

(Signature with Name and Seal)

JOINT SUPERVISOR

(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
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 - 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
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 : Yes / No
research department or not
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) : _____