***Thesis Form – 2A***

**Confidential**

**Thesis Oral Examination Committee for IDD**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thesis Supervisor(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Supervisor (with Name of Department): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month & Year of first Registration in the Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (month) (year)

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| **Sl. No.** | **Name of Examiners­** | **Department** |
| 1. |  | Supervisor & Chairman |  |
| 2. |  | Co-Supervisor, if any |  |
| 3. |  | External Member from other department |  |
| 4. |  | Member from department |  |
| 5. |  | Member from department |  |
| 6. |  | Member from department |  |

The committee shall consist of at least one but not more than three members from the department.

Forwarded Countersigned

Supervisor & Chairman Head of Department

Date: Date:

SEAL SEAL

 Approved

Convener, DPGC Dean (Academic Affairs)

Date: Date:

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