***CONFIDENTIAL***

 ***Thesis / Form – 7***

 **Ph.D. ORAL EXAMINATION REPORT**

Name of Candidate : Mr. /Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title of the Thesis : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Oral Examination held on : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (time)

1. Main Contribution made by :

the Research Scholar

1. Brief Summary of :

Examiners Comments

1. Incorporation of Correction/ :

Modifications

Suggested by the Examiner(s)

1. Answering of the Queries :

raised by Examiner(s)

P.T.O.

:2:

1. Performance during :

Viva-Voce

1. Final recommendation of :

Oral Board for award of

the Degree (Please write

“Yes” or “No” only)

Signature of Chairperson Signature of External Examiner Signature of Examiner

 (Supervisor)

Name: Name: Name:

Signature of Examiner Signature of Examiner

Name: Name:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place

Convener, DPGC Dean (Academic Affairs)

Department

Date: Date: