

**Format for Panel of Ph.D. / M. Sc Thesis Evaluation**

**Department** .....

**College** .....

**Dean**

**College of Post Graduate Studies**

The following-panel of external examiners is suggested for thesis evaluation and conduct of viva-voce as per particulars given below.

Name of Student ..... I.D. No. .... Title of degree

.....M.Sc. or Ph.D ..... Major.....

..... Minor .....

Thesis title .....

.....

.....

Tentative period of thesis submission (week)-

External Examiners:

1 .....

.....PIN.....

Phone.....Email-.....

2 .....

.....PIN.....

Phone.....Email-.....

3 .....

.....PIN.....

Phone.....Email-.....

**Signature of Advisor**

1 Certified that the experts in the field of research of the student as suggested S.L. No..... above are not available in U.P. or in the states adjoining.

2 Certified that the above panel does not contain the names of the examiner who has conducted the oral preliminary exam of the student (in case of Ph.D. thesis only)

**Head of the Department**

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**Forwarded to Dean PGS,**

**Signature of Dean of the College**

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*Please see overleaf*

**Dean PGS**

The request is in order and may be considered,

**(Dealing Clerk)**

Agreed & Dr.....(S. No. ...) be requested for evaluation.

**Dean PGS**

Consent of the above examiner has been received and thesis may be sent to the Registrar for further necessary action,

**(Dealing clerk)**

Send 02 copies of the thesis to the Registrar

**Dean PGS**