Report of Examiners for the Ph.D. Progress Evaluation

Name of Student: _____ Roll No.: _____

Department/IDP:_____

Month & Year of first Registration in the Programme: _____/_____

(Month) (Year)

Date of Examination: _____

Thesis Supervisor(s): _____

	Name of Examiners	Department / IDP	Signature
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Comments: _____

Candidate has PASSED/FAILED

(Supervisor) ……..

Examiners :

……, …….. , ……

Convener, DPGC
Date:

Chairperson, SPGC
Date: