

DOCTORAL THESIS- ORAL EXAMINATION REPORT

| Name of the Candidate: | | |
|---|-----------|--|
| Roll Number: | | Date of Joining: |
| Name of Research Advisor: | | Name of Co-Advisor (If Any): |
| Title of Thesis: | | |
| Date of Oral Examination: | | |
| Oral Examination Committee Report: | | |
| f No, whether the committee is satisfied with the scholar has answered all the quest report 3. Final recommendation of the committee | ee: | eir satisfaction. Please attach a detailed |
| Chairperson | Signature | Date |
| Member 1 | Signature | Date |
| Member 2 | Signature | Date |
| Research Advisor | Signature | Date |
| Research Co-advisor, if any | Signature | Date |
| External Examiner | Signature | Date |
| | | |