



**ACADEMIC OFFICE**  
**NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620 015**

**CONFIDENTIAL**  
**M.S (by Research) – Panel of Examiners**

Name of the Scholar	
Roll Number	
Department	
Date of Registration	
Type of Registration	Full Time (Institute Scholarship / Project ) Part Time (Sponsored) Others (Specify)
Name and Designation of Guide(s)	
Title of the M.S (By Research) Thesis (approved by GTC and as given in the synopsis)	

Panel of Examiners: Name, Designation, Address and Contact details such as email, phone numbers etc.

Indian Examiner	
(1)	(4)
(2)	(5)
(3)	(6)

Signature(s) of Research Guide(s)

*[Approval]*

Associate Dean (Academic) / Dean (Academic)