



MINUTES OF THE FINAL MEETING OF THE DOCTORAL COMMITTEE

Name (in Capital letters)	
Roll No.	
Department	
Date & Time of Meeting	
Thesis title	
Recommended for the Award of Degree as such	Indian <input type="checkbox"/> Foreign <input type="checkbox"/>
Recommended with suggested corrections (Corrected thesis to be submitted)	Indian <input type="checkbox"/> Foreign <input type="checkbox"/>
Remarks:	

Panel of Examiners for conducting viva-voce examination: Name, Designation, Address and Contact details such as email, phone numbers etc.

1.	2.	3.
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External Member

Internal Member

Allied Dept. Member

Research Guide

Chairperson

Associate Dean (MS/Ph.D.)

Dean (Academic) / Director