Proforma for Panel of Examiners for adjudicating the Ph.D Thesis

Note: 4 (four) copies of typed panel is to be sent in a closed cover to the Principal Secretary, Faculty of Engg. & Tech. after the Ph.D. thesis has been submitted by the candidate.

For office use only

Date of Ph.D. Registration –
Date of Thesis Submission –

Title of the Thesis:
(in Block Letter)

Name of the Candidate:
(in Block Letter)

PLEASE SUBMIT AT LEAST 6 (SIX) NAMES OF EXAMINERS OUT OF WHICH AT LEAST ONE EXTERNAL EXPERT SHALL BE FROM OUT SIDE WEST BENGAL

• Examiners Outside India:

1. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number

2. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number

3. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number

• Examiners Outside West Bengal:

1. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number

2. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number

3. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number
● Examiners Inside West Bengal:

1. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number

2. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number

3. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number

● Examiners for Viva-Voce:

1. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number

2. Full Name:
   Designation and institutional affiliation:
   Postal Address with PIN code
   Email Id..................
   Telephone Number

● Full Name & Designation of Supervisor(s)

1 Full Name:                           2) Full Name:                           3) Full Name:
   Postal Address with PIN code         Postal Address with PIN code         Postal Address with PIN code
   Email id..................         Email id..................         Email id..................
   Telephone Number                    Telephone Number                    Telephone Number

   Signature of Supervisor & Seal      Signature of Supervisor & Seal      Signature of Supervisor & Seal

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