

**REPORT ON VIVA-VOCE FOR DOCTOR OF PHILOSOPHY (PH.D)**

1.	Name of Scholar						
2.	Admission No.		Date of Ph.D Admission			DD/MM/YYYY	
3.	Registration Status of the Scholar (Put v Mark)	Full-Time		Part-Time		External	
4.	Department				Branch (if any)		
5.	Date of Viva-voce	DD/MM/YYYY					
6.	Title of Thesis in English						
7.	Title of Thesis (Pronunciation in Hindi)						
8.	Performance (Please tick any one)	Excellent		Very Good		Good	
		Satisfactory		Unsatisfactory			
9.	Suggestions, if any						
10.	Recommendation for award of Degree						

Signature of Examiners with Date:

Name & Affiliation of External Examiner (Indian)	Signature (with Date) of External Examiner

Name (Department)	Position	Signature	Name (Department)	Position	Signature
	Supervisor			Chairperson	
	Member (Dept.)			Member (Dept.)	
	Member (Sister Dept.)			Member (Sister Dept.)	
	Co- Supervisor, if any			External Co- Supervisor, if any	

Submitted by Convener, DPGC (Name and Signature with Date): _____

Forwarded by HOD (Name and Signature with Date): _____

The following needs to be submitted along with this report:

- Certificate for final version of thesis
- Receipt of Thesis at the Central Library
- Remuneration Bill of External Examiner

For Office Use only

Certificate for final version of thesis submitted along with this report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receipt of Thesis (Soft Copy) at the Central Library	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remuneration Bill of External Examiner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observations, if any		

Dealing Assistant

AR (Academic - (PG) / DR (Academic)

Approved / Not-Approved

Associate Dean (Academic – PG) / Dean (Academic)

Date: _____