



वैज्ञानिक और नवीकृत अनुसंधान अकादमी

ACADEMY OF SCIENTIFIC AND INNOVATIVE RESEARCH

PROPOSED EXAMINERS FOR PH.D THESIS

Name of the Candidate	
Registration No.	
Faculty	Biological Sciences
Laboratory	CSIR-IGIB
Title of the Thesis	
Supervisor/ Co-Supervisor (if any)	

Sl. No.	Name/Address/Contact Details of the proposed Reviewers	Broad area of expertise	Recommendation of Dean	Comments of Senate Chairman
1			Ex-	Ex-
2			Ex-	Ex-
3			Ex-	Ex-

Ex-: Examiner Number

Note: Signatures of Guide and the Coordinator on all pages mandatory

(_____)

Supervisor

(_____)

Co-Supervisor (if any)

(_____)

Coordinator

Sl. No.	Name/Address/Contact Details of the proposed Reviewers	Broad area of expertise	Recommendation of Dean	Comments of Senate Chairman
4			Ex-	Ex-
5			Ex-	Ex-
6			Ex-	Ex-

Ex-: Examiner Number

Note: Signatures of Guide and the Coordinator on all pages mandatory

 (_____)
 Supervisor

 (_____)
 Co-Supervisor

 (_____)
 Coordinator

 Dean, _____

 Chairman, Senate