**Form-PTS -3**

**INDIAN INSTITUTE OF TECHNOLOGY INDORE**

**LIST OF SUGGESTED EXAMINERS FOR EVALUATION OF THE Ph.D. THESIS**

Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discipline and School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Joining the PhD Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Confirmation to the PhD Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Thesis Supervisor(s) 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and their affiliation 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of the thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fill up either option -I or option-II**

**Option- I (with Consent emails of the examiners for evaluation of the thesis)**

**Names of Suggested Exmainers with contact details (Consent emails attached)**

|  |  |
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| **(A) Within India** | **(B) Outside India** |
| Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax: | Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax: |
| Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax: | Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax: |

**Option-II (Without prior Consent emails of the examiners for evaluation of the thesis)**

|  |  |
| --- | --- |
| Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax:  Consent Received- Yes/No | Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax:  Consent Received- Yes/No |
| Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax:  Consent Received- Yes/No | Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax:  Consent Received- Yes/No |
| Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax:  Consent Received- Yes/No | Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax:  Consent Received- Yes/No |
| Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax:  Consent Received- Yes/No | Name :  Designation:  Organization:  Postal Address:  E-mail:  Phone:  Fax:  Consent Received- Yes/No |

**Suggested names of Four faculty members of IIT Indore *(who are not from the discipline of the PhD candidate)* for the Chairman of PhD Oral Examination Board**

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| **(1)** | **(2)** |
| Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Discipline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Discipline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **(3)** | **(4)** |
| Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Discipline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Discipline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thesis Supervisor Thesis Supervisor Thesis Supervisor

(Signature with Date) (Signature with Date) (Signature with Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Convenor, DPGC (Signature with date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean, Academic Affairs (Signature with date)

Following is the order of preference of the suggested examiners for evaluating the PhD thesis of Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Titled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Sr.No.** |  | **Name of the Examiner with Contact Details** | **Invite for Ph.D. ORAL Exam ?** |
| **1.** | (A) |  |  |
| (B) |  |  |
| **2.** | (A) |  |  |
| (B) |  |  |
| **3.** | (A) |  |  |
| (B) |  |  |
| **4.** | (A) |  |  |
| (B) |  |  |

Following is the order of preference for the Chairman of PhD Oral Examination Board of Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Sr.No.** | **Order of preference for the Chairman of PhD Oral Examination Board** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chairman, Senate**

**(Signature with date)**