

**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 Examiners with contact details (Consent emails attached)**

(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

(1)	(2)
Name : _____ Discipline: _____ —	Name : _____ Discipline: _____ —
(3)	(4)
Name : _____ Discipline: _____ —	Name : _____ Discipline: _____ —

Thesis Supervisor
(Signature with Date)

Thesis Supervisor
(Signature with Date)

Thesis Supervisor
(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 _____

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)**