



INDIAN INSTITUTE OF TECHNOLOGY INDORE

Form MSRTS-2

LIST OF SUGGESTED EXAMINERS FOR EVALUATION OF THE MS (RESEARCH) THESIS

Name of the Student: _____ Roll No.: _____

Discipline: _____

Date of Joining the MS (Research) Program: _____

Name of Thesis Supervisor(s) 1. _____

2. _____

3. _____

Title of the thesis: _____

Names of Suggested Examiners with contact details

S. No.	Name of Examiners (Within India)
1	Name : Designation: Organization: Postal Address: E-mail: Phone: Fax:
2	Name : Designation: Organization: Postal Address: E-mail: Phone: Fax:
3	Name : Designation: Organization: Postal Address: E-mail: Phone: Fax:
4	Name : Designation: Organization: Postal Address: E-mail: Phone: Fax:

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

S. No.	Name of faculty members (Within IIT Indore)
1	Name : _____ Discipline: _____
2	Name : _____ Discipline: _____
3	Name : _____ Discipline: _____
4	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 MS (Research) thesis of Mr./Ms. _____ Titled _____

SI. No.	Name of the Examiner with Contact Details	Invite for MS (Reserch) ORAL Exam
1		
2		
3		
4		

Following is the order of preference for the Chairman of MS (Research) Oral Examination Board of
Mr./Ms. _____

Sr.No.	Order of preference for the Chairman of Oral Examination Board for MS (Research)
1.	
2.	

Chairman, Senate (Signature with date)