



# INDIAN INSTITUTE OF TECHNOLOGY INDORE

## LIST OF SUGGESTED EXAMINERS FOR EVALUATION OF THE Ph.D. THESIS (Form-PTS 3)

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: \_\_\_\_\_

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

### Names of Suggested Examiners with contact details

(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:

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:

**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**

<b>(1)</b>	<b>(2)</b>
Name : _____ Discipline: _____	Name : _____ Discipline: _____
<b>(3)</b>	<b>(4)</b>
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)**