Report of Ph.D. Thesis Oral Examination

Name of Student: _________________________________         Roll No.: ___________________
Department/IDP: _________________________________________________________________
Date of first Registration: __________________________________________________________
Date of Oral Examination*: _________________________________________________________
Thesis Title: _____________________________________________________________________
________________________________________________________________________________
Thesis Supervisor(s): ______________________________________________________________

Report of the Board:

1. Necessary modifications suggested by the thesis examiners have been incorporated. ☐ Yes ☐ No
2. Authenticate the work as the students’ own: ☐ Yes ☐ No
3. Comments (elicit the candidate’s replies to the questions raised by the thesis examiners and judge if the presentation of the work by the student and the answers to the questions asked have been satisfactory):
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   (Continue on reverse, if necessary)

4. The candidate has PASSED/FAILED.

Oral Examination Committee

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<tr>
<th>Name of Examiners</th>
<th>Dept./IDP/Disci./Affiliation</th>
<th>Signature</th>
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Convener, DPGC
Date:

Chairperson, SPGC
Date:

* Oral examination be scheduled only one week after thesis is sent to the members of the oral board.

Office Use Only: Course Units = Thesis Units = CPI =