

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

	Name of Examiners	Dept./IDP/Disci./Affiliation	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

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 =