

Report of Examiners for the Ph.D. Comprehensive Examination

Name of Student: _____ Roll No.: _____

Department/IDP: _____

Month & Year of first Registration in the Programme: _____ / _____
(month) (year)

Date of Examination: _____

Thesis Supervisor(s): _____

Name of Examiners	Department / IDP	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Comments: _____

Candidate has PASSED/FAILED

Convener, DPGC

Chairperson, SPGC

Date:

Date:

Office Use Only

Convener, DPGC may kindly advise the supervisor to ensure that the State of Art Seminar is held before _____ i.e., within six months of the Comprehensive Examination.

Chairperson, SPGC