

**List of Suggested Examiners for the Ph.D. Comprehensive Examination**

Name of Student: \_\_\_\_\_ Roll No.: \_\_\_\_\_

Department/IDP: \_\_\_\_\_

Thesis Supervisor(s): \_\_\_\_\_

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

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

Forwarded

Recommended

Approved

Convener, DPGC

Chairperson, SPGC

Chairman, Senate

Date:

Date:

Date:

Countersigned

Head of Department