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# APPOINTMENT OF PHD THESIS EXAMINERS SUBMISSION OF SYNOPSIS

Confidential

Name of the PhD Student		]	Roll Number D		Department/ Cer	Department/ Center	
	Thesis S	upervisor(s)			Date of Synops	sis Seminar	
Supervisor:							
Co-Supervisor (If any):					<b>'</b>		
CERTIFICATE							
thesis and are eligible as	s per the PhD ( We further cer	Ordinance of tify that none	the Institu	ite. That	in research in the field of the work carried out by t o-authors with any of us	he student	
Signature of the Super	rvisor (with d	ate)		-	re of Co-supervisor (we is a co-supervisor)	vith date)	
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### **List of Examiners Recommended by the Doctoral Committee**

#### EXAMINERS FROM INDIA/ABROAD

1.			
Name:			
<b>Designation:</b>			
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Institute			
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Telephone:		Fax:	
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#### NAME AND SIGNATURES OF THE DOCTORAL COMMITTEE MEMBERS

Sl. No.	Name	Doctoral Committee	Signature
1.		Chairperson	
2.		Member	
3.		Member	
4.		Member	
5.		Member (Supervisor)	