

PROPOSED PANEL OF EXAMINERS FOR EVALUATION OF M.PHIL DISSERTATION

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Name of the Candidate:	Title of the Research:
Department/Centre/School	Registration/Enrollment No.:
Name of the Supervisor:	Date of Admission: Period of Extension (if any):

1. Name: Address: Ph / Mobile:	2. Name: Address: Ph / Mobile:
3. Name: Address: Ph / Mobile:	4. Name: Address: Ph / Mobile:
5. Name: Address: Ph / Mobile:	6. Name: Address: Ph / Mobile:

Supervisor

Head of the Department

Dean

Vice Chancellor's Nomination:

Nomination: S.No. \_\_\_\_\_ &amp; \_\_\_\_\_

In Panel: S.No. \_\_\_\_\_ &amp; \_\_\_\_\_

Vice Chancellor