

UNIVERSITY OF MADRAS

**PROFORMA FOR FURNISHING THE NAMES OF EXPERTS TO EVALUATE Ph.D.
THESIS AND TO CONDUCT THE PUBLIC VIVA VOCE EXAMINATION.**

(This Proforma should be in Typed version only by furnishing full particulars)

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| Name of the candidate | |
| Title of Thesis | |
| Subject (in capital letters) | |
| Name of the Supervisor | |
| Phone/Mobile No. of the Supervisor along with e-mail id | |
| Name of the Co-guide (if –applicable) | |
| Department | |
| Institution/College | |

**PANEL OF EXPERTS CONSISTING OF NINE EXAMINERS FROM SOUTHERN STATES,
NORTH INDIA AND ABOARD IN EQUAL PROPORTIONS.**

| Name, designation and full address with telephone number, fax number, e-mail | Qualifications, research experience with specialisation | Remarks (for office use only) |
|--|---|----------------------------------|
| I. INTERNATIONAL | | |
| 1. | | |
| 2. | | |
| 3. | | |

II. NATIONAL (NORTH, EAST, WEST)

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| 1. | | |
| 2. | | |
| 3. | | |

THE SUPERVISOR SHOULD ENSURE THAT THE REGIONAL (CHENNAI) EXAMINERS ARE RECOGNIZED SUPERVISORS OF AN UNIVERSITY, FAILING WHICH HE/SHE SHOULD BE HELD RESPONSIBLE. FURTHER THE DOCTORAL COMMITTEE MEMBER(S) AND RETIRED PROFESSORS ARE NOT TO BE INCLUDED.

III. REGIONAL (CHENNAI)

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| 1. | | |
| 2. | | |
| 3. | | |

Certified that none of the experts suggested, including the Supervisor (and Co-guide if applicable) is relative to candidate and further certified that the panel of experts has been suggested in consultation with Doctoral Committee.

Signature of Co-guide with seal
(if applicable)

Signature of Supervisor
with designation and seal

Date: