FACULTY OF ENGG. & TECH. JADAVPUR UNIVERSITY **KOLKATA - 700 032**

Index No:

Proforma for Panel of Examiners for adjudicating the Ph.D Thesis

Note: 4 (four) copies of typed panel is to be sent in a closed cover to the Principal Secretary, Faculty of Engg. & Tech. after the Ph.D. thesis has been submitted by the candidate.

For office use only • •

Date of Ph.D. Registration -

Date of Thesis Submission. -

Title of the Thesis: (in Block Letter)

Name of the Candidate:

(in Block Letter)

PLEASE SUBMIT AT LEAST 6 (SIX) NAMES OF EXAMINERS OUT OF WHICH AT LEAST ONE EXTERNAL EXPERT SHALL BE FROM OUT SIDE WEST BENGAL

Examiners	Outs	ide	India:
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1.	Full Name:
	Designation and institutional affiliation:
	Postal Address with PIN code
	Email Id
	Telephone Number
2.	Full Name:
	Designation and institutional affiliation:
	Postal Address with PIN code
	Email Id
	Telephone Number
3.	Full Name:
	Designation and institutional affiliation:
	Postal Address with PIN code
	Email Id
	Telephone Number
Ou	tside West Bengal:
1.	Full Name:
	Designation and institutional affiliation:

Examiners

1.	Full Name: Designation and institutional affiliation: Postal Address with PIN code Email Id Telephone Number
2.	Full Name: Designation and institutional affiliation: Postal Address with PIN code Email Id Telephone Number
3.	Full Name: Designation and institutional affiliation: Postal Address with PIN code Email Id Telephone Number

• Examiners Inside West Bengal:

1. Full Name:

Designation and institutional affiliation:

Postal Address with PIN code

E	mail Id	
Те	lephone Number	
	ıll Name:	
	esignation and institutional affiliation:	
P	ostal Address with PIN code	
E	mail Id	
Те	lephone Number	
3. Fu	ıll Name:	
D	esignation and institutional affiliation:	
P	ostal Address with PIN code	
E	mail Id	
Те	lephone Number	
• Examiners for Viva-Voc	e:	
1. Fu	ıll Name:	
D	esignation and institutional affiliation:	
P	ostal Address with PIN code	
E	mail Id	
Te	lephone Number	
2. Fı	ıll Name:	
D	esignation and institutional affiliation:	
	ostal Address with PIN code	
E	mail ld	
	lephone Number	
•Full Name & Designation	n of Supervisor(s)	
1 Full Name:	2) Full Name:	3) Full Name:
Postal Address with PIN cod	e Postal Address with PIN code	Postal Address with PIN code
Email id	Email id	Email id
Telephone Number	Telephone Number	Telephone Number
Signature of Supervisor	Signature of Supervisor	Signature of Supervisor
& Seal	& Seal	& Seal