

**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 Secretary, Faculty of ISLM after the Ph.D. thesis has been submitted by the candidate.

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 Outside India:**

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 Outside West Bengal:**

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  
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 for Viva-Voce:**

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

● **Full Name & Designation of Supervisor(s)**

- |                                                                                   |                                                                                    |                                                                                    |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1 Full Name:<br>Postal Address with PIN code<br>Email id.....<br>Telephone Number | 2) Full Name:<br>Postal Address with PIN code<br>Email id.....<br>Telephone Number | 3) Full Name:<br>Postal Address with PIN code<br>Email id.....<br>Telephone Number |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

Signature of Supervisor  
& Seal

Signature of Supervisor  
& Seal

Signature of Supervisor  
& Seal