



**INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE**

*(A Deemed to be University under the de novo category)*

2A & 2B, Raja S.C. Mullick Road, Jadavpur, Kolkata 700 032. India

Telephone: (91) 33 24734971, Fax: (91) 33 2473-2805,

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

**Name of the Candidate:**

(in Block Letter)

**Name of the School:**

**Ph.D. Registration No. with Date:**

**Proposed Date of Thesis Submission:**

**Title of the Thesis:**

(in Block Letter)

**PLEASE SUBMIT AT LEAST 6 (SIX) NAMES OF EXAMINERS  
OUT OF WHICH AT LEAST THREE SHOULD BE INDIAN  
EXPERTS**

**• Details of 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\_\_\_\_\_

4. Full Name:

Designation and institutional affiliation:

Postal Address with PIN code

Email Id..... Telephone Number\_\_\_\_\_

5. Full Name:

Designation and institutional affiliation:

Postal Address with PIN code

Email Id.....

Telephone Number\_\_\_\_\_

6. Full Name:

Designation and institutional affiliation:

Postal Address with PIN code

Email Id..... Telephone Number\_\_\_\_\_

Submit the Synopsis along with this form in sealed envelope separately (Send a soft copy of the synopsis to the PhD Co-coordinator).

• **Examiners for Thesis Defense:** (Proposed name of the thesis committee Chairman, from IACS but outside of the School)

1. Full Name:

Designation:..... School .....

Email Id.....

Telephone Number

2. Full Name:

Designation:..... School .....

Email Id.....

Telephone Number

Signature of Co-Supervisor & Seal

Signature of Supervisor & Seal