Department of Ph.D Comprehensive Examination Evaluation Report

[To be filled-in by the Guide]	
Name of the scholar:	Roll No:
Department:	Date of Joining:
Name of Research Gu	ide(s):
Topic of Research:	
	[Recommendation by Oral Examination Board]
Date of Comprehensive Oral Examination:	
Decision of Oral Examination Board: The Comprehensive Viva Voce is satisfactory/not-satisfactory	
(Ii	f not satisfactory, specific reasons must be furnished separately)
Names & Signature of Oral Board members with date:	
1.	
2.	
3.	
4.	
5.	

[Approval]

Dean (Academic)