FORMATION OF COMPREHENSIVE EXAMINATION COMMITTEE

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of the Student | : |  |
| 2. | Roll Number | : |  |
| 3. | Academic Department/ Center | : |  |
| 4. | Joined PhD Programme during(Put a Tick Mark) | : |  ODD Semester / EVEN Semester |
| 5. | Present Type/Category of the Student: (Put a Tick Mark) | Full Time / Part Time |
|  |  Regular / Sponsored / Self-Financed / Project-Staff / External / QIP |
| 6. | PhD Course Work: |  Waived / Completed Successfully at the end of ODD / EVEN Semester of AY……………… |
|  | In the Course Work:  | Total Credits Registered / Earned: Final CPI: |
| 7. | Name(s) of Supervisor(s):(if appointed) |  |
| 8. | Mode of Comprehensive Examination: | Oral only / Written only / Both Oral and Written  |
| 9. | Proposed Date of Comprehensive Examination: | Oral:..………………………….. Written:………………………… |
| 10. | Syllabus of Comprehensive Examination is provided to the students: |  Yes / No (Pl. enclose a copy) |
| 11. | Comprehensive Examination Committee Members for Oral Exam only / Written Exam only / Both Oral and Written : |
|  | Sl. No. | Name | Role | Signature |
|  | (i) |  | Chairperson |  |
|  | (ii) |  | Member |  |
|  | (iii) |  | Member |  |
|  | (iv) |  | Member |  |
|  | (v) |  | Member |  |
|  | (vi) |  | Member |  |
|  | Signature of Member Secretary, DPPC/CPPC | Signature of Chairperson, DPPC/CPPC |
|  | Remark, if any: Put up for approval.Date: Dealing Staff of Academic Affairs Section | ApprovedChairperson, IPPC |