**NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR**

**FORM IX**

**LIST OF EXAMINERS FOR THESIS EVALUATION**

Name of the Scholar:

Registration No:

Title of the Thesis:

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| --- | --- | --- | --- | --- |
| Sl No. | Name of the Examiners with designation\* | Broad Area of Specialization | E-mail id and Phone number | Complete postal address with PIN |
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|  |  |  |  |  |

**Signature of the members of Doctoral Committee**

(Name) (Name) (Name) (Name) (Name)

Supervisor Cosupervisor Member Member Chairman

 /Jt. Supervisor\*\*

\*All the examiners should preferably be at the level of Professor or equivalent.

\*\*Joint Supervisor may not attend the seminar, however, his/her written comment should be enclosed.