



REPORT OF SEMINAR ON COMPLETION OF RESEARCH WORK (Ph.D.)

[To be submitted in duplicate to the Joint Director (A) after the student has delivered a thesis Seminar]

1. Name of the student _____ Regn. No. _____

2. Programme Ph.D. _____ in the subject of

3. Title of the thesis (approved) :

4. Member of Advisory Committee

SI No.	Name & Designation	Field (Major/Minor)	Signature with date

5. Name & Addresses of the External Examiners / Evaluator proposed with their Tel. No. / Fax No. / Email Address

1 _____
2 _____
3 _____
4 _____
5 _____
6. _____

6. Certified that the student has delivered thesis seminar on _____ and the Advisory Committee has recommended submission of the thesis. The student has completed approved courses, credit hours, residential & other requirement as per University Regulations

Date: _____
Major Advisor

Signature of

Recommended and forwarded, in duplicate, to Joint Director (Academic)

Signature of Head
Division of _____

