

**Report of Examiners for the Ph.D. Comprehensive Examination**

Name of Student: \_\_\_\_\_ Roll No.: \_\_\_\_\_

Department/IDP: \_\_\_\_\_

Month & Year of first Registration in the Programme: \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

Date of Examination: \_\_\_\_\_

Thesis Supervisor(s): \_\_\_\_\_

\_\_\_\_\_

Name of Examiners	Department / IDP	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

Candidate has PASSED/FAILED

Convener, DPGC

Chairperson, SPGC

Date:

Date:

\_\_\_\_\_

**Office Use Only**

Convener, DPGC may kindly advise the supervisor to ensure that the State of Art Seminar is held before \_\_\_\_\_ i.e., within six months of the Comprehensive Examination.

Chairperson, SPGC