**THIRUVALLUVAR UNIVERSITY**

**SERKKADU, VELLORE-632 115, TAMIL NADU, INDIA**

**CENTRE FOR RESEARCH**

**STRICTLY CONFIDENTIAL**

**Proforma for furnishing the Names of Experts to evaluate the Ph.D. Thesis**

(Note: only this form should be used and retuned with full particulars type written)

|  |  |
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| Name of the SCHOLAR |  |
| TITLE OF THE THESIS |  |
| SUBJECT (IN CAPTIAL LETTER) |  |
| DATE OF REGISTRATIN  (enclose the copy of the registration letter) |  |
| NAME OF THE SUPERVISOR |  |
| SUPERVISOR’s EMAIL ID & MOBILE NO. |  |
| DATE OF RETIREMENT |  |
| DEPARTMENT |  |
| FULL TIME-PART TIME |  |
| INSTITUTION/COLLEGE |  |

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| PANEL OF EXPERTS CONSISTING OF EIGHT EXAMINERS (FOUR FROM FOREIGN COUNTRIES AND FOUR FROM INDIA (OTHER THAN TAMIL NAUD)  Encl: Bio-data of the examiners (not exceeding 2 pages, recent publications (5), h\_index, citations and website address etc. (Google Scholar page etc.) |

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**PANEL OF EXAMINERS FOR ADJUDICATION**

**INTERNATIONAL**

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| **S. No.** | **Details of Examiner** | **Year of Experience & Board Research Area** | **1.Number of PhD Guided**  **2.Number of Books**  **Written**  **3.Total No.of publications**  **in referred journals** | **h-index with proof**  **( Google Scholar, web of science, Scopus index and etc… page must be attached )**  **Total No.of citations** |
|  | Name:  Designation:  Name of the University/Institute/ College  Date of Retirement:  Address:  **Institutional email id:**  **Mobile No.** |  |  |  |
|  | Name:  Designation:  Name of the University/Institute/ College  Date of Retirement:  Address:  **Institutional email id:**  **Mobile No.** |  |  |  |
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| **S. No.** | **Details of Examiner** | **Year of Experience & Board Area of Research** | **1.Number of PhD Guided**  **2.Number of Books**  **Written**  **3.Total No.of publications**  **in referred journals** | **1. h-index with proof - First page must be attached**  **(Google Scholar, web of science, Scopus index and etc…)**  **2. Total No. of citations** |
|  | Name:  Designation:  Name of the University/Institute/ College  Date of Retirement:  Address:  **Institutional email id:**  **Mobile No.** |  |  |  |
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**Certified that none of the Experts/Examiners suggested for Panel is not a relative to the Scholar and Supervisor and further certified that the panel has been suggested in consultation with Doctoral Committee. Certified that all the examiners are holding Ph.D guideship in their respective institution.**

**Date: Signature of the Supervisor**

**Seal**