It is requested that all communications should be addressed to The Director, Centre for Researach, Thiruvalluvar University and not to any person by name. Website: www.tvu.edu.in Email:<u>centreforresearch@tvu.edu.in</u> Email : phd-cfr@tvu.edu.in





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### **CENTRE FOR RESEARCH**

#### PROFORMA FOR CONDUCTING PH.D. / M.PHIL. VIVA-VOCE EXAMINATION

1.	Name of the Scholar	
2.	Registration Number	
3.	Category of Registration: Full Time / Part Time	
4.	Mobile Number	
5.	Email ID	
6.	Department/Discipline	
7.	Title of the Thesis	
8.	Name and Address of the Supervisor(Convener)	
9.	Supervisor's Mobile Number and Email ID	
10.	Name and Address of the Joint Supervisor/Go-	
	guide	
	(If any)	
11.	Name, Address, Mobile Number and Email	
	ID of the External Examiner	
12.	Name of the College/Centre	
13.	Date of Viva -Voce	

### ATTENDANCE CERTFICATE

# LIST OF PARTICIPANTS - PH.D. / M.PHIL.VIVA-VOCE EXAMINATION

Name of the Candidate:

Registration Number:

Title:

Date & Time of Viva – Voce:

S.NO.	NAME, DESIGNATION AND ADDRESS OF THE PARTICIPANTS	SIGNATURE
1.		
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Signature of the Supervisor (Name and Seal)

Signature of the Joint Supervisor/Co-Guide (If any) (Name and Seal)

## Signature of the External Examiner

(Name and Seal)

Forwarded

Principal

Seal

Head of the Department Seal