



CENTRE FOR ACADEMIC RESEARCH

Date : __ / __ / ____

REQUISITION FOR CONDUCT OF PUBLIC VIVA VOCE EXAMINATION

Research Scholar Name : _____ Reg No. _____

Supervisor Name : _____

Joint Supervisor Name : _____
 (Internal Coordinator)

[Title of Thesis]



Proposed Dates & Time of Meeting

Date 1 & Time	Date 2 & Time
____ / ____ / ____ ____ a.m / p.m Which _____ Day	____ / ____ / ____ ____ a.m / p.m Which _____ Day

Examiners

Indian Examiner Name : _____

Designation & College / Org. : _____ / _____

Mail ID : _____

Foreign Examiner Name : _____

Designation & College / Org. : _____ / _____

Mail ID : _____

(or)

Subject Expert Member Name : _____

Designation & College / Org. : _____ / _____

Mail ID : _____

Supervisor
Signature

Dean, R&D
Signature

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