

**E-I- Form**

**S.No.**

**PERIYAR UNIVERSITY**

**STRICTLY CONFIDENTIAL Ph.D. SECTION**

# PERIYAR PALKALAI NAGAR, SALEM – 636 011

# PROFORMA FOR FURNISHING THE NAMES OF EXPERTS TO EVALUATE PH.D. THESIS

**(Note: Only this form should be used and returned with full particulars typewritten)**

NAME OF CANDIDATE :

TITLE OF THESIS :

NAME OF SUPERVISOR :

DEPARTMENT :

INSTITUTION :

# PANEL OF EXPERTS

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| --- |
| 1. **OUTSIDE INDIA**

Please suggest atleast **four examiners** along with brief Bio-Data [i.e., Four examiners from foreign orgin (or) Two examiners from Indian & Two examiners from foreign orgin under each category] |
| Name and Designation (Only)**(1)** | Department, Institute name and Country **(2)** | Field of specialization**(3)** | Experience in years**(4)** | Acceptance ascertained by supervisor (Y/N)**(5)** | Remarks(FOR OFFICE USE ONLY)**(6)** |
| Name:Designation: |  |  |  |  |  |
| Name:Designation: |  |  |  |  |  |
| Name:Designation: |  |  |  |  |  |
| Name:Designation: |  |  |  |  |  |

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| **II. SOUTH INDIA [OUTSIDE PERIYAR UNIVERSITY REGION - WITHIN 500kms]**Please suggest atleast **four examiners** along with brief Bio-Data  [Atleast **one examiner** from state university] |
| Name, Designation and address**(1)** | Name of the State**(2)** | Field of specialization**(3)** | Experience in years**(4)** | Acceptance ascertained by supervisor (Y/N) **(5)** | Remarks (FOR OFFICE USE ONLY)**(6)** |
| Name:Designation:Department:Institution:Place: |  |  |  |  |  |
| Name:Designation:Department:Institution:Place: |  |  |  |  |  |
| Name:Designation:Department:Institution:Place: |  |  |  |  |  |
| Name:Designation:Department:Institution:Place: |  |  |  |  |  |

Certified that none of the experts suggested including the supervisor and Co-Guide wherever applicable is related to the candidate and further certified that the panel of experts has been suggested in consultation with the Doctoral Committee.

# Signature of Co-Guide Signature of Supervisor

**(Wherever Applicable) With Designation**

# Date:

**FOR OFFICE USE ONLY**

Submitted for orders regarding the two persons to be appointed (One from India and other from Outside of India to adjudicate on the above thesis, besides the supervisor).

**BIO-DATA OF EXAMINER FOR EVALUATION OF Ph.D THESIS.**

Name :

Designation :

Official Address for Communication\* :

(Including e-mail, Phone, webpage link)

Highest qualification :

Discipline :

Area of specialization :

Teaching and Research Experience :

No. of Ph.D Degree guided :

No. of Publications : SCI- SSCI- Scopus-

Recent Publications: (Authors, Title, Journal, Volume, Year, Pages) (Restricted to five, SCI/ SSCI/SCOPUS/ only) (Scopus author profile review)

**Note:**

**\*Web page link for examiner is compulsory.**

 **Attach the Scopus author preview page (Except Department of Tamil).**