

Overall Assessment of the Ph.D. Thesis

Name of the Student:

Roll No:

Title of the Thesis:

Ph.D. Thesis Evaluation Report

Tick one of the following:

1. The Thesis in its present form is recommended for award of the Ph.D. Degree.	<input type="checkbox"/>
2. The Thesis is accepted with minor revision.*	<input type="checkbox"/>
3. The Thesis needs to be amended significantly. No resubmission and re examination is required*	<input type="checkbox"/>
4. The Thesis requires major revision and I recommend re-examination*	<input type="checkbox"/>
5. The Thesis work and the Thesis topic are not suitable for award of the Ph.D. degree	<input type="checkbox"/>

*Revisions to be specified in Part A & B

Part A- Overall Evaluation of Thesis

(You may use additional sheets if required)

Signature:

Name of the Examiner:

Date:

Part B- Detailed Comments (use additional sheets if required)

(Please indicate Chapter, line number for each comment)

Name of the Examiner:

Designation:

Signature (with date): _____

Institute/Organization:

Contact No.:

Email_ID: