



**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:



**INDIAN INSTITUTE OF TECHNOLOGY MANDI**

**MANDI- 175 001 (H.P.), INDIA**

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**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:**