**NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR**

**FORM XI**

 **APPROVAL FOR CONDUCT OF VIVA-VOCE EXAMINATION**

**Name of Supervisor:**

**Name of Cosupervisor /Jt Supervisor (if any):**

**Title of the Thesis:**

Name of the student :

Registration no :

Date of admission :

Nature of Registration (Full-time/Part-time): Department :

|  |  |  |
| --- | --- | --- |
| **Name & Designation of Thesis Examiners** | **Address** | **Recommendation of the Examiners****(I /II/ III/ IV/ V)** |
| Examiner 1 |  |  |
| Examiner 2 |  |  |

 **Brief Comments of DC about the Actions taken on the Examiners’ comments:**

 **Recommendation of the DC members:**

1. **Recommended / Not Recommended for conduct of Viva-voce: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Justification if Not Recommended:**

**Signature of the members of Doctoral Committee**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Name) | (Name) | (Name) | (Name) | (Name) |
| Supervisor | Cosupervisor/Jt supervisor\* | Member | Member | Chairman |

**Recommended and forwarded:**

**Dean (R & C)**

**Chairman, DPMC**

**Chairman, Senate**

*Note:*

1. *The para-wise replies of the questions / suggestion /observations made by the examiners to the satisfaction of DC must be enclosed.*
2. *Signature / written comment of the Joint Supervisor is to be enclosed.*