Panel of Examiners for Ph.D. Thesis Evaluation

Name of the student:	XXXXX
Registration No.:	XXXXX
Major Field:	XXXXX
Field of Specialization:	XXXXXX
Title of the thesis:	xxxxxxx
Date of pre-submission thesis Seminar:	XXXXXXX
Likely date of submission of thesis:	XXXXXXX

Panel proposed by the Supervisor

Sr. No.	Name	Address	Field of Specialization
1			
2			
3			
4			
5			
6			

Forwarded to the HoD/Associate Dean, Lingaya's Vidyapeeth, Faridabad for information and necessary action please.

Date:	(Supervisor)
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Forwarded to the Dean, Postgraduate studies/Research, Lingaya's Vidyapeeth, Faridabad for information and necessary action please.

Date: HoD/Associate Dean

Forwarded to the Vice-Chancellor, Lingaya's Vidyapeeth, Faridabad for final approval (Vice-Chancellor is in power either to delete, add or alter the panel of Examiner with in the field of specialization of the student)

Date: Associate Dean (Doctorate)
Lingaya's Vidyapeeth

Vice-Chancellor Lingaya's Vidyapeeth, Faridabad