

RECOMMENDATION ON THE THESIS FOR PH.D. DEGREE

(A)

PART I

1.	Name of the Adjudicator	
2.	Address	
3.	Name of the Candidate	
4.	Registration Number	
5.	Title of the Thesis	
6.	Date of Receipt of Thesis	
7.	Date of dispatch of the report by the adjudicator to Dean, Research/ CoE Lingaya's Vidyapeeth	

PART II

Recommendations of the Examiner (Please put ✓ marks against any one of the recommendation and strike out whichever is not applicable):

1. Recommended for award.
2. Recommended for award subject to the condition that the corrections/modifications suggested be me are carried out in the thesis and duly certified by the supervising teacher before the open defense and approved by the Chairman at the time of open defense.
3. Recommended for revision and resubmission.
4. Not recommended and Rejected.

Place:

Date:

Signature:

Designation:

.....

Email ID.....

Note: Please enclose your detailed report along with the Annexures (A, B & C) and List of questions, if any, to be asked at the open defense examination of the scholar.

1. In case the thesis is recommended for the award of the degree, please give your detailed report under following parameters:-

a) Introduction:

Strengths-

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.....

Weaknesses-

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.....

b) Review of Literature:

Strengths-

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Weaknesses-

.....
.....

c) Methodology:

Strengths-

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.....

Weaknesses-

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.....

d) Discussion & Conclusion:

Strengths-

.....
.....

Weaknesses-

.....
.....

It is further certified that the thesis fulfils the following provisions of the Ph.D Ordinance of Lingaya's Vidyapeeth (DEEMED TO BE UNIVERSITY):

- a) It is piece of original research work characterized by the discovery of facts or a fresh approach towards the investigation of facts.
- b) The thesis evinces the candidate's capacity for critical examination and sound judgment.
- c) It is satisfactory in terms of language and presentation of such matter.

Place: _____

(Signature of the Examiner)

Date: _____

Name: _____

2. In case the thesis is recommended for the revision, please indicate the guidelines, grounds and reasons for revision.

3. In case the thesis is rejected, please indicate grounds for rejection.

4. Whether or not the thesis is suitable for publication in the present form, please indicate. In case the thesis is not suitable for publication in the present form, suggestions should be given for making necessary changes.

Place: _____

(Signature of the Examiner)

Date: _____

Name: _____

(a)

EXAMINATION BRANCH

DETAILED REPORT

TITLE OF THESIS :

.....
.....
.....

NAME OF

SCHOLAR:.....

REPORT

Signature of the Examiner

Name :

Examiner No :

Dated :

Note: Please add extra sheet, if required to complete your detailed report.

RECOMMENDATION ON THESIS

Name of the Candidate: Mr./Ms:.....

Title of the Thesis :
.....
.....

**Degree for which the
Recommendation is made:**

DOCTOR OF PHILOSOPHY

i) I recommend that the granting of the Degree of Doctor of Philosophy to the candidate subject to his/her passing the Viva-Voce Examination.

OR

ii) I recommend that the Thesis be referred back to the candidate for carrying out revision in the light of comments of my Report.

OR

iii) I recommend that the Thesis be rejected.

Date:

Signature:

Name:

Designation:.....

Address:

.....

EXAMINATION BRANCH
NON-RELATIONSHIP CERTIFICATE

I certify that Mr./Ms.----- whose
Ph D thesis I have been assigned to evaluate is neither known to me nor
he/she is any of my relatives.

Signature of the Examiner

Name :

Examiner No :

Dated :

Note: Relatives include wife/husband, sons, daughters, nephew, niece or any family
Members