



Ph.D. Public Viva –Voce Notification

Name of the Scholar :

Registration Number :

Mode of Registration (Full Time /Part Time) :

Subject :

Title of the Thesis :

Date & Time of Viva – Voce Examination & Venue :

Name and Address of the Research Supervisor :
(Convener)with Mobile Number and Email.id

Name and address of the Joint Supervisor :
(if applicable)

Name and address of the External Examiner :

All are cordially invited

Date :

Forwarded by

Place

Signature of the Joint Supervisor
(Name with seal)(if applicable)

Signature of the Supervisor
(Name with seal)

Signature of the Principal
(Affiliated /Autonomous College)
(Name with seal)(if applicable)

HOD – University
(MTWU)

HOD
(Affiliated /Autonomous College)
(Name with seal)
(if applicable)

Dean Research
(Affiliated /Autonomous College)
(Name with seal)
(if applicable)

Dean Research
(MTWU)