

CONFIDENTIAL

UNIVERSITY OF HYDERABAD

Sl.No.....

Examiner's Report on the Ph.D. Thesis

Title of the thesis: ".....
.....

Name of the candidate..... Regn.No.....

School.....Department/Center.....

Recommendation

Note: Based on his/her assessment, the Examiner may make one of the following recommendations:

- 1) The award of the degree to the candidate:
- 2) The award of the degree to the candidate provided that prior to viva voce, the supervisor certifies that all the suggested corrections have been incorporated properly.
- 3) Whether the examiner would like to see the revised thesis once again after incorporation of the comments/suggestions.
- 4) The rejection of thesis.

.....
I recommend

- (1) **In case the examiner makes the recommendation (1) sated above:**
He/she may kindly give a detailed report on a separate sheet/s and indicate in the enclosed proforma the questions which he/she would like the candidate to answer at the time of the viva voce examination.
- (2) **In case the examiner makes recommendations (2) & (3) stated above:**
He/she may kindly state reasons and suggest the lines on which the thesis is to be revised. These comments will be conveyed to the candidate through his/her supervisor to enable him/her to revise the thesis **(Please attach a separate sheet/s)**.
- (4) **In case the examiner recommends rejection of the thesis**
He/she may kindly state the reasons for doing so **(Please attach a separate sheet/s)**.

.....
Signature of the Examiner

Name of the examiner:.....

Address:.....

Date.....

Note: The report may kindly be sent to the Deputy Registrar (Academic & Exams), University of Hyderrabad, Hyderabad 500 046, in a closed envelop.)

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QUESTIONS FOR THE VIVA-VOCE EXAMINATION
(to be given in a separate closed cover)

Title of the thesis:

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Submitted by:..... Registration.No:.....

School/Department/Center:.....

QUESTIONS

(if the space is not sufficient, please attach extra sheet/s)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

.....
(Signature of the examiner)

Name of the examiner:

Address:.....

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

Date:

Respected Sir/Madam,

On behalf of University we express our sincere thanks and gratitude for accepting the examinership for evaluation of M.Phil / M.Tech / Ph.D. thesis in respect of Mr. / Ms. _____.

With a view to avoid delay in processing the Honorarium payable to the Examiners, we need the following Bank Account details, so that the honorarium could be credited directly in to your Bank Account once the report is received by us*.

Please spare some time and fill the details.

The Filled-in details may be mailed along with soft of evaluation report to:
deputyregistraruoh@gmail.com

1)	Name of the Account Holder (Examiner's name only*) as appearing in the Bank Pass Book	
2)	Bank Account No.	
3)	Savings / Current Account	
3)	Name of the Bank	
4)	Name of the Branch & Code	
5)	Bank IFSC Code	

- Note :**
- 1) * All payments shall be processed online within 15 days of receipt of Examiner's Report in the O/o the Controller of Examinations.
 - 2) The above information shall be kept confidentially and used for only transfer of honorarium
 - 3) If no details as requested above are received from Examiner, a Demand Draft shall be drawn in favour of Examiner and sent to his / her mailing address.

