



Dr. A. Palavesam

Registrar – In charge

MSU/R/R.C./Panel/Guideline/Circular

05.11.2020

To

All the Heads of University Departments/Principals of Affiliated Colleges

Sub: Submission of Internal & External Panel to thisis evaluation – Information – Reg.

Sir/Madam

I am to inform that while submitting the panel of experts for evaluation of thesis, the following norms have to be adhered.

- Internal 5 examiners and external 5 examiners excluding Manonmaniam Sundaranar University jurisdiction i.e., (Tirunelveli, Tenkasi, Thoothukudi & Kanyakumari Districts).
- Examiners panel and publications should be in the prescribed format with signature and seal of the supervisor.
- Each examiner should have a minimum of 5 recent publications. (During the last 3 years)
- Every examiner should submit the written consent letter in the format .If the consent letter is received through mail the mail copy and the copy of the consent letter should be attached, If received through post or courier the consent letter should have manual signature.
- In the internal panel 5 examiners should be from different districts and 1 examiner in the cadre of Assistant Professor and 1 examiner from college is also permitted. Rest of the examiners should be from the University/IITs/IIMs/Central/State laboratories/Scientists etc.,
- In the External panel 5 examiners should be from 5 different Zones (as classified and available in the University Website) and 1 examiner in the cader of Assistant Professor and 1 examiner from college is also permitted. Rest of the examiners should be from the University/IITs/IIMs/Central/State Laboratories/Scientists etc., If it is not possible to cover 5 zones at least 3 zones should be covered in the combination of 2+2+1 and should be from different states.
- For Tamil and Malayalam disciplines alone Pondicherry shall be included as external panel of examiners.

The above norms shall be scrupulously followed and shall be brought to the notice of all supervisors.

Encl: Formats

Yours faithfully,


6.11.20
REGISTRAR



MANONMANIAM SUNDARANAR UNIVERSITY
CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



PROFORMA FOR FURNISHING THE NAME OF EXPERTS TO EVALUATE THE PH.D.THESIS

Name of the Candidate	
Reg. No.	
Title of the Thesis	
Name of the Supervisor with Address	
Name of the Co-Supervisor with Address	
Department/Research Centre	

Certified that none of the experts suggested, including the Supervisor and Co-Supervisor (wherever applicable) is related to the candidate.

Note: Every Guide shall submit the details of atleast 5 Research Paper / Articles (recent publications) in journals with impact factor for each name given in the panel of examiners at the time of submission of Synopsis / Thesis in the format given below and enclose the letter of acceptance received from them.

For Tamil Studies alone, Pondicherry is considered as External Category.



MANONMANIAM SUNDARANAR UNIVERSITY CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



PANEL OF INTERNAL EXAMINERS -5 MEMBERS (WITHIN TAMILNADU)

SINo.	Name and address with Telephone No. E-mail ID	Designation (If Scientist specify the Rank)	Qualification	Specialization	Year of Experience	Whether Consent received through E-mail / letter attached Yes / No
1.						
2.						
3.						
4.						
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PANEL OF INTERNAL EXAMINERS -5 MEMBERS (OUTSIDE TAMILNADU)

SINo.	Name and address with Telephone No. E-mail ID	Designation (If Scientist specify the Rank)	Qualification	Specialization	Year of Experience	Whether Consent received through E-mail / letter attached Yes / No
1.						
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Signature of the Joint-Supervisor
(Name with Seal) (If applicable)

Signature of the Supervisor
(Name with Seal)



MANONMANIAM SUNDARANAR UNIVERSITY

CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



LIST OF PUBLICATIONS

PANEL OF INTERNAL EXAMINERS (WITHIN TAMIL NADU)

1. (Name of the Examiner)

Sl. No.	Title of the Paper	Name of the Journal	Month and Year of Publication	Volume No: Pages From –To	Impact Factor
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2. (Name of the Examiner)

Sl. No.	Title of the Paper	Name of the Journal	Month and Year of Publication	Volume No: Pages From –To	Impact Factor
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3. (Name of the Examiner)

Sl. No.	Title of the Paper	Name of the Journal	Month and Year of Publication	Volume No: Pages From –To	Impact Factor
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ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



4. (Name of the Examiner)

Sl. No.	Title of the Paper	Name of the Journal	Month and Year of Publication	Volume No: Pages From –To	Impact Factor
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5. (Name of the Examiner)

Sl. No.	Title of the Paper	Name of the Journal	Month and Year of Publication	Volume No: Pages From –To	Impact Factor
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Signature of Co –Supervisor
(with seal)

Signature of Supervisor
(with seal)



MANONMANIAM SUNDARANAR UNIVERSITY

CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



LIST OF PUBLICATIONS

PANEL OF EXTERNAL EXAMINERS (OUTSIDE TAMIL NADU)

1. (Name of the Examiner)

Sl. No.	Title of the Paper	Name of the Journal	Month and Year of Publication	Volume No: Pages From –To	Impact Factor
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2. (Name of the Examiner)

Sl. No.	Title of the Paper	Name of the Journal	Month and Year of Publication	Volume No: Pages From –To	Impact Factor
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4. (Name of the Examiner)

Sl. No.	Title of the Paper	Name of the Journal	Month and Year of Publication	Volume No: Pages From –To	Impact Factor
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Sl. No.	Title of the Paper	Name of the Journal	Month and Year of Publication	Volume No: Pages From –To	Impact Factor
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Signature of Co –Supervisor
(with seal)

Signature of Supervisor
(with seal)



MANONMANIAM SUNDARANAR UNIVERSITY

CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



Ref :No. MSU/RES/Ph.D/Panel

Date : 13.12.2017

To
Heads of University Departments/Principals of Affiliated Colleges

Sir/Madam

Sub: Submission of Evaluation Panel of Experts (External) - From Five Zones of India - Intimated-reg.

Ref: This office letter Ref/MSU/RES/Ph.D/Panel dated 24.10.2017.

In partial modifications of this, office letter cited under reference, All the supervisors who are submitting the panel of experts for evaluation of thesis, should submit the panel of External Examiners in the following composition:

1. One Examiner from Eastern Zone of India (West Bengal, Chhattisgarh, Bihar, Odisha, Jharkhand)
2. One Examiner from Western Zone of India (Rajasthan, Gujarat, Maharashtra, Goa, Daman-Diau (UT), Dadra & Nagar Haveli - Silvassa (UT))
3. One Examiner from Northern Zone of India (Jammu & Kashmir, Himachal Pradesh, Haryana, Punjab, Uttar Pradesh, Madhya Pradesh, Uttaranchal, NCT of Delhi (UT), Chandigarh (UT))
4. One Examiner from Southern Zone of India (Telangana, Andhra Pradesh, Karnataka, Kerala, Andaman & Nicobar (UT), Lakshadweep (UT))
5. One Examiner from North - East Zone of India (Assam, Nagaland, Manipur, Mizoram, Tirupura, Meghalaya, Arunachala Pradesh, Sikkim)

Out of 5 zones of India, Panel of Examiners should be from at least 3 zones in exceptional Disciplines. As far as possible the supervisors are advised to send one Examiner from each zone.

The above should be strictly followed.

PANEL OF EXTERNAL EXAMINERS -5 MEMBERS (OUTSIDE TAMILNADU)

S.No.	Name and address with Telephone No. E-mail ID	Designation (If Scientist specify the Rank)	Qualification	Specialization	Year of Experience	Whether Consent received through E-mail / letter attached Yes / No
1.						
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3.						
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4.					
5.					

Signature of Co –Supervisor
(with seal)

Signature of Supervisor
(with seal)

I undertake the following:

- The above furnished examiners are from the UGC recognized institutions.
- The examiners have given their consent to evaluate the thesis based on the Abstract/ Synopsis sent by me and also accepted to conduct the Ph.D. Viva – Voce Examination if called.
- I am also aware that the false / suppression of information will result in prosecution.
- I am aware that I should not influence/request to get a favorable

Reports from the Examiners in such case my guideship and Registration of the student will be cancelled.

Signature of Co –Supervisor
(with seal)

Signature of Supervisor
(with seal)



MANONMANIAM SUNDARANAR UNIVERSITY
CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



Acceptance Letter to evaluate the Thesis

Date :

From

Name
Address 1
Address 2
Address 3
Phone No.
E-mail ID

To

The Director Research
Centre for Research
Manonmaniam Sundaranar University
Abishekapatti, Tirunelveli – 627 012.

Sir/ Madam,

Sub: Acceptance to Evaluate Ph.D Thesis of ----- (Name of Candidate)
with ----- (Reg. No.) of Manonmaniam Sundaranar University.

I hereby accept to evaluate the thesis mentioned below, within a period of 30 days and in case I am nominated as an examiner to conduct the Viva Voce at a later date by the University authorities, I accept to conduct the Viva Voce, on a mutually convenient date.

Name of the Scholar :

Reg. No. :

Title :

Name of the Supervisor :

Signature of with Seal
(Examiner)