



MANONMANIAM SUNDARANAR UNIVERSITY

CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



FORMAT – A

REQUEST FOR CONDUCT OF PH.D VIVA-VOCE THROUGH VIDEO CONFERENCE

(The form shall be submitted to the University before 25 days of the Viva-Voce Examination)

1.	Name of the Scholar	
2.	Registration Number	
3.	Category of Registration Full Time / Part Time (Internal / External)	
4.	Discipline	
5.	Title of the thesis	
6.	Name & address of the Supervisor (Convener)	
7.	Name & address of the Joint Supervisor (if any)	
8.	Name of the Research Centre	
9.	List of names & mail-id of the probable faculty members and scholars (Minimum 20) who will attend the viva voce.	Enclosed

Signature of the Supervisor
(Name & Seal)

Signature of the Joint Supervisor (if any)
(Name & Seal)

Forwarded by

Head of the Department (University / College)
(Name & Seal)

Principal of the College
(Name & Seal)



MANONMANIAM SUNDARANAR UNIVERSITY CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



FORMAT - B

LIST OF PROBABLE PARTICIPANTS TO CONDUCT OF PH.D VIVA-VOCE THROUGH VIDEO CONFERENCE

Name of the Candidate :

Registration Number :

Title :

Tentative Date & Time of Viva :

Sl.No.	Name, Designation and Address of the Participants	Email-id
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



MANONMANIAM SUNDARANAR UNIVERSITY

CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		



MANONMANIAM SUNDARANAR UNIVERSITY

CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		



MANONMANIAM SUNDARANAR UNIVERSITY CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40		

Signature of the Supervisor
(Name & Seal)