

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA

PH.D. PUBLIC VIVA-VOCE NOTIFICATION

Name of the Scholar	:	
Registration Number	:	
Category of registration	: Full-time / Part-time	
Discipline	:	
Title of the Thesis	:	
Date and Time of Viva-voce Examination	:	
Venue	:	
Mode of Examination (if online provide link	s) :	
Name and address of the Supervisor (Conve with mobile number & mail id	ener) :	
Name and address of the Joint Supervisor (if applicable)	:	
Name and address of the Examiner	:	
Name and address of the Observer (if applicable)	:	
A Date :	ll are cordially invited	
Place :		
Signature of the Joint Supervisor (Name with seal) (if applicable)		Sign

Signature of the Supervisor (Name and seal)

Forwarded by

Head of the Department – University / Principal of the College (HoRC) - College (Name with Seal)

Copy to:

- 1. The Director (Research), Manonmaniam Sundaranar University, Tirunelveli.
- 2. Heads of the University Departments / Principal of College Concerned with a request to display in the notice board.

	MANONMANIAM SUNDARANAR UNIVERSITY	A A
	CENTRE FOR RESEARCH	ES
Andrew A Character	ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA	

MINUTES OF THE Ph.D. VIVA-VOCE EXAMINATION

Proceedings (Minutes) of the Ph.D. Viva-Voce Examination of Mr. / Ms				
(Reg.No) held at	A.M. / P.M. or	1	in the Department of
				M. / P.M. in the department of
The following M	lembers of the Viva-E	xamination Board	l were present	t:
1.			-	Supervisor & Convener
2.			-	Examiner
3.			-	Co-Guide / Observer (if any)
The resea	arch scholar, Mr. / Ms	S		presented the salient features of
his/her Ph.D. wo	rk. This was followed	by questions from	the board me	mbers. The questions raised by the
Examiners were a	also put to the scholar.	The scholar answer	ed the question	ns to the full satisfaction of the board
members.	number of participar	nts and scholars we	ere attended.	



ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA

:2:

Based on the scholars research work, his/her presentation and also the clarifications and answers by the scholar to the questions, the board recommends that **Mr. / Ms.**______(Reg.No. ______) be awarded Ph.D. degree in the Discipline of

under the FACULTY OF (Arts / Science / Language).

Sl.No	Name and Address	Signature (Name with Seal)
1.	Convener / Supervisor	
2.	Joint Supervisor (if any)	
3.	Examiner	
4.	Observer (if any)	

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ATTENDANCE SHEET FOR CONDUCT OF VIVA VOCE

Name & Address of the Candidate :

:

:

Register No

Title of the Thesis

Examiners (Viva-Voce Board)

SINo.	Name of the examiners with full address:	Signature (Name with Seal)
1.	Convener / Supervisor	
2.	Joint Supervisor (if any)	
3.	Examiner	
4.	Observer (if any)	

Venue :

Date & Time :

Certified that 15 days time has been given for the conduct of Viva Voce Examination

MANONMANIAM SUNDARANAR UNIVERSITY CENTRE FOR RESEARCH



SINo.	Name of the Participants with Address	Signature of the Participants
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SINo.	Name of the Participants with Address	Signature of the Participants
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