



BIKANER TECHNICAL UNIVERSITY, BIKANER
बीकानेर तकनीकी विश्वविद्यालय, बीकानेर
OFFICE OF DEAN RESEARCH

Request form for Comprehensive Examination

CHAIRPERSON, DRC

Department/ Centre: _____

Through Supervisor(s)

I have completed my course work as per the requirement of Ph.D. course. It is requested that my comprehensive examination (written and oral) may kindly be arranged as soon as possible.

Date: _____

Name and Signature of Candidate
Enrollment No. _____

(Attach mark-sheet of course work, approved syllabus of the subject studied in the course work, Semester Progress Reports and fee receipts of all the completed semesters.)

You are requested to conduct the comprehensive examination at the earliest. The panel of suggested experts for comprehensive examination is as follows:

S. No.	Name of the Expert with Designation	Department/ Institute (with Office Address including Contact Numbers, email)
1.		
2.		
3.		

Supervisor-I

Supervisor-II (if any)

Date: _____

Head of Department/Centre

Head of the Institute

FOR USE OF DRC

Checked and found okay as per Regulation / Revision is requested under

Date: _____

Chairperson, DRC

A copy of this request form is to be sent to Office of Dean (Research), BTU by Chairman, DRC