



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 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.		
4.		
5.		

(Note: Examiners should be the rank of Professor, in case Professor is not available, Associate Professor will be considered from the recognize institutions (preferably from IIT/ IIM/ NIT))

Supervisor

Co-supervisor (if any)

Date: _____

Head of Department/Centre

Head of the Institute

Research scholar may be allowed for the comprehensive examination/ Revision is required
(Comments: _____)

Forwarded to Dean Research Office.

Date: _____

Chairperson, DRC



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Following subject experts/ examiners may be included in the panel of examiners:

S.No.	Name of the Expert with Designation	Department/ Institute (with Office Address including Contact Numbers, email)
6.		
7.		
8.		
9.		
10.		
11.		

Date: _____

Dean Research

Submitted for your approval:

The following subject expert/ examiner is approved for the comprehensive examination.

S. No. _____

Date: _____

Honourable Vice-Chancellor

_____ will work as Subject Expert for the comprehensive examination of Mr./ Ms. _____.

Dated: _____

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Report on Comprehensive Examination and Recommendations

1. Name of the Ph.D. candidate: _____ Enrollment No.: _____

2. Department/Centre: _____

3. Category: (Full time /Part time) _____

4. Examination Details:

Examination	Held on (Date)	Maximum Marks	Marks obtained
Written exam.		100	
Oral exam.		100	
Total			

5. Report of Comprehensive Examination:

Result of Examination: _____ Pass /Fail /Reappear after _____ months

Remarks, if any: _____

6. Performance and Recommendation from Department/Centre:

a. Performance up to the date of research proposal: **Satisfactory /Unsatisfactory**

b. Recommended for candidacy: **YES /NO**

Supervisor-I

Supervisor-II (if any)

Subject Expert
(External Examiner)

(Comprehensive Examination Board)

Dated: _____

Head of the Department/Centre

Signature of Chairperson, DRC

FOR USE OF DEAN RESEARCH

Recommendations of the Department/Centre/DRC are submitted for consideration.

APPROVED/ NOT APPROVED

Dated: _____

Dean, Research