



ANNA UNIVERSITY OF TECHNOLOGY, COIMBATORE
COIMBATORE – 641 047.

CENTRE FOR RESEARCH
EXAMINERS' PANEL FOR Ph.D. THESIS EVALUATION

Course	Ph.D.
Reg.No:	

Name of the Scholar :
Research Topic of the Scholar :
Faculty as per qualifying degree :
Name of the Supervisor with address
(Phone No.& Email id) :

S.No.	Name with full address	Area of specialization
PANEL OF INDIAN EXAMINERS (Other than the Parent University & Affiliated Colleges, atleast two from other states)		
1.	Name : Designation : Department : Address : Phone : E-mail	No. of Publications : (List to be enclosed)
2.	Name : Designation : Department : Address : Phone : E-mail	No. of Publications : (List to be enclosed)
3.	Name : Designation : Department : Address : Phone : E-mail	No. of Publications : (List to be enclosed)
4.	Name : Designation : Department : Address : Phone : E-mail	No. of Publications : (List to be enclosed)

MEMBER 1
(Signature with Name and Seal)

MEMBER 2
(Signature with Name and Seal)

SUPERVISOR
(Signature with Name and Seal)

Place :
Date :
Note : Incomplete forms will be returned to Supervisor.



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S.No.	Name with full address	Area of specialization
PANEL OF FOREIGN EXAMINERS (Three should be compulsorily from foreign origin)		
1.	Name : Designation : Department : Address : Phone : E-mail	No. of Publications : (List to be enclosed)
2.	Name : Designation : Department : Address : Phone : E-mail	No. of Publications : (List to be enclosed)
3.	Name : Designation : Department : Address : Phone : E-mail	No. of Publications : (List to be enclosed)
4.	Name : Designation : Department : Address : Phone : E-mail	No. of Publications : (List to be enclosed)

MEMBER
(Signature with Name and Seal)
Place :
Date :

MEMBER
(Signature with Name and Seal)

SUPERVISOR
(Signature with Name and Seal)

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