Date:-____/_____/202__

Board of Research Studies for Faculty of _____
University of Delhi

Department of : _____

Ph.D Scholar Name : _____

Thesis Title : _____

_____

Supervisor : _____ **Date of Registration:** _____

DRC Recommendation : **The Department Research Committee at its meeting held on ____/____/202___ Recommended the following list of Examiner's for the above-mentioned Ph.D Candidate.**

S. No.	Name of Examiner with Present Designation	Institution/University Name	Address	Contact No.	E-mail ID	Remarks
1.						
		State:	State:			
		Pin Code:	Pin Code:			
2.						
		State:	State:			
		Pin Code:	Pin Code:			

Supervisor's Signature

Signature of HOD
(Stamp with Name)

BRS Chairman
(Stamp with Date)

Department of : _____

Ph.D Scholar Name : _____

S. No.	Name of Examiner with Present Designation	Institution/University Name	Address	Contact No.	E-mail ID	Remarks
3.						
		State:	State:			
		Pin Code:	Pin Code:			
4.						
		State:	State:			
		Pin Code:	Pin Code:			
5.						
		State:	State:			
		Pin Code:	Pin Code:			

Supervisor's Signature

Signature of HOD
(Stamp with Name)

BRS Chairman
(Stamp with Date)

Department of : _____

Ph.D Scholar Name : _____

S. No.	Name of Examiner with Present Designation	Institution/University Name	Address	Contact No.	E-mail ID	Remarks
6.						
		State:	State:			
		Pin Code:	Pin Code:			
7. (Supervisor, if student is registered after 5/7/2016)						
		State:	State:			
		Pin Code:	Pin Code:			

Supervisor's Signature

Signature of HOD
(Stamp with Name)

BRS Chairman
(Stamp with Date)