BOARD OF RESEARCH STUDIES (MATHEMATICAL SCIENCES)

UNIVERSITY OF DELHI

DEPARTMENT OF **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following examiners are recommended by the Departmental Research Committee in its meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the evaluation of Ph.D. thesis entitled\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name and Address of Internal Examiner**  | **Contact details** | **Present Designation & Academic Qualifications** | **Field of Specialization** |
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| **EXTERNAL EXAMINERS (Foreign Examiners)** |
| **S.No.** | **Name and Address of Examiners**  | **Contact details** | **Present Designation & Academic Qualifications** | **Field of Specialization** |
| **1.** |   | Email: Phone:Mobile: | Professor Ph.D. |    |
| **2.** |   | Email: Phone:Mobile: | Professor Ph.D. |   |

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| **S.No.** | **Name and Address of Examiners**  | **Contact details** | **Present Designation & Academic Qualifications** | **Field of Specialization** |
| **3.** |  | Email: Phone:Mobile: | Professor Ph.D. |    |
| **4.** |   | Email: Phone:Mobile: | Professor Ph.D. |   |
| **5.** |  | Email: Phone:Mobile: | Professor Ph.D. |  |
| **6.** |  | Email: Phone:Mobile: | Professor Ph.D. |  |

Supervisor(s) Head of the Department
 Department of \_\_\_\_\_\_\_\_\_\_