

**Indian Institute of Technology Hyderabad**

Kandi, Sangareddy, Telangana, India - 502284



**List of Examiners for PhD Thesis Evaluation**



Date:………………..

**Scholar Name:………………………………………………….**

**Roll No.:…………………………………………………………..**

**Thesis Evaluation option (A or B): ……….......**

**In case of Option-A**: Names of minimum 4 examiners (list should have at least 2 Professors)

**In case of Option-B**: Names of minimum 5 examiners (list should have at least 3 Professors)

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| **S.No.** | **Name of the Examiner along** **with details (Mail ID, Organisation etc.)** | **Designation****(Professor/Associate Professor etc.)** | **Consent of the Examiner for thesis review** **[put tick mark (✓)]** |
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**Guide Signature of HoD**

Name: Signature: