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Ph.D public Viva-voce Examination

Name of the Scholar :
Title of thesis :
Reg. No :
Department :
Venue :
Date & Time :

Minutes

(to be typed, not to be written)

**Research Supervisor
Name:**

**External Examiner
Name:**

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Participants' Particulars			
S. No.	Name of the Participant	Designation/year/institution/others	Signature with Date

Supervisor/ Name

HoD/****