Periyar Nagar, Vallam Thanjavur - 613 403, Tamil Nadu, India Phone: +91 7358053699, Fax: +91 - 4362 - 264660 Email: deanresearch@pmu.edu Website: www.pmu.edu

VC's Approval





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School of xxxxxxxxxxxxxxxx Department of xxxxxxxxxxxxxx

FORM-DR4A

on

Sub: Submission of Minutes of Comprehensive Viva Voce Examination - Reg.	
Respected sir,	
Comprehensive Viva Voce Examination for the Research scholar Mr/Ms at of Periyar Maniammai University. Herewith, the copy of the Examiner and Doctoral Committee members has been enclosed for your kind perusa	comments made by the External
Research Supervisor Name: Recognition No. Remarks:	(if Applicable) Co-Research Supervisor Name:
Date:	HOD/xxxx
Remarks:	
Date	Dean / XXXX
Remarks:	
Date	Dean / Research

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Minutes of the Comprehensive Vive-Voce Examination

Title of the work: -----

The following members were present.

- 1. Name, Designation, Working Place External Examiner
- 2. Name, Designation, Working Place Supervisor
- 3. Name, Designation, Working Place Co Supervisor (If applicable)
- 4. Name, Designation, Working Place DC Member

The candidate has successfully completed the prescribed course work subjects as furnished below.

SI.No	Sub.Code	Subject Name	Grade
1			
2			
3			
4			

Mark Scored in Comprehensive written examination:

Observations of the committee are	e as follows:		
1.			
2.			
3.			
4.			
1. His / Her research findings are Sa	atisfactory/ Not satisfactory		
2. His / Her Provisional admission r	may be confirmed / may not be	confirmed.	
External Examiner		Research Supervisor	
Name:		Name:	
DC Member I	DC Member II	DC Member I	II
Name:	Name:	Name:	