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**Ph.D. Public Viva-Voce Examination**

**Name of the Scholar :**

**Roll Cum Registration Number (RRN) :**

**Name of the Department :**

**Category of registration :** Full-time / Part-time

**Title of the Thesis :**

**Date and Time of Viva-voce Examination :**

**Venue :**

**Name and address of the Supervisor :**

**Name and address of the Joint Supervisor :**

(if applicable)

**All are cordially invited**

 **Signature of the HoD of the Scholar**

 (Name and seal)

**To:**

1. Registrar
2. Dean (Academic Research)
3. Controller of Examinations
4. All Dean(s)
5. All Director(s)
6. All Professor(s) of Eminence
7. Advisor (Research)
8. All HOD(s), with a request to circulate among the Faculty
9. Heads of Other Institution – with a request to display in the Notice Boards
10. PS to Vice Chancellor