

**OFFICE OF DEAN (Academic Research)**

(Empowering CRESCENT through Exemplary Research)

**Ph.D. Public VIVA-VOCE Examination**

**Name of the Scholar :**

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

**Name of the Department / School :**

**Programme & Category of registration :** Ph.D. -Full-time / Part-time

**Title of the Thesis :**

**Date and Time of Viva-Voce :**

**Venue :**

**Name and address of the Supervisor :**

**Name and address of Indian Examiner :**

**Name and address of Subject Expert :**

**All are cordially invited**

 **Signature of the HOD / Dean of the School**

 (Name and seal)

**To:**

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