



INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE

(A Deemed to be University under the de novo category)

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Telephone: (91) 33 24734971, Fax: (91) 33 2473-2805,

Ph.D. Open Thesis Colloquium – Examination Report

Name : _____ PhD Registration No& date : _____

Title of the Thesis: _____

Date of Presentation of Colloquium: _____ Time : _____ Venue : _____

Proposed Date of Submission of Thesis: _____
(within a period of two months from the date of Open Thesis Colloquium) :

Report of the Panel of Examiners on the Open Thesis Colloquium:

The student submitted a comprehensive report of the research work carried out by him / her and made an oral presentation to the panel of examiners.

The work done by the student towards the degree of Doctor of Philosophy (Ph.D.) is, as of date.

(please tick (√) ONE of the two options given below)

<input type="checkbox"/> ADEQUATE for the submission of the Ph.D. Synopsis and Thesis, within two months from this date , incorporating the suggestions (if any) in consultation with the Ph.D. Supervisor.	<input type="checkbox"/> INADEQUATE for the submission of the Ph.D. Synopsis and Thesis in its present form and major modifications are required. (RAC should attach a separate sheet of their detailed observations). The student must incorporate the modifications suggested and give the Open Thesis Colloquium . Suggested Date for repeat Open Thesis Colloquium.: _____
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Note to Supervisor(s):

- Details of Publications and other outcomes of the work done in the Ph.D. Thesis work in the form of patents / awards / etc., **if any** may be attached as a separate sheet.

ADDITIONAL COMMENTS (if any) OF THE RAC (If the space provided is insufficient, a separate sheet can be attached, a copy of which should be given to the student) :

- Change of Thesis Title (if necessary): Yes/No

- If yes, Mention the New Thesis Title :

Committee Member	Name	Signature
Supervisor		
Co-supervisor, if any		
Member from School		
Member from other School		
School Chair		