

**Indian Institute of Technology Hyderabad**

Kandi, Sangareddy, Telangana, India - 502284



**List of Examiners for PhD Thesis Evaluation**



Date:………………..

**Scholar Name:………………………………………………….**

**Roll No.:…………………………………………………………..**

**Thesis Evaluation option (A or B): ……….......**

**In case of Option-A**: Names of minimum 4 examiners (list should have at least 2 Professors)

**In case of Option-B**: Names of minimum 5 examiners (list should have at least 3 Professors)

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Name of the Examiner along**  **with details (Mail ID, Organisation etc.)** | **Designation**  **(Professor/Associate Professor etc.)** | **Consent of the Examiner for thesis review**  **[put tick mark (✓)]** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Guide Signature of HoD**

Name: Signature: