



श्रीचन्द्रशेखरेन्द्रसरस्वतीविश्वमहाविद्यालयः

SRI CHANDRASEKHARENDR SARASWATHI VISWA MAHAVIDYALAYA

(Accredited with 'A' Grade by NAAC)

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Office of the Controller of Examinations

Title of the Thesis	
Submitted by	
Under the guidance of	

1. Composition of the panel should strictly be as outlined in the table below.
2. Panel should consist of only doctorates who are in the category of Professor / Associate Professor
3. The Panel of Experts should not be related to the scholar or guide in any way, what so ever.
4. The Panel of experts should have publications in WoS / Scopus / UGC Care / SCSVMV indexed journals.
5. Area of research of the experts should be related the broad area of their thesis
6. Consent of the panel of experts should be obtained and sent in the prescribed format
7. The guide / scholar should not communicate with the panel of experts after submission of panel.
8. Any changes in the contact details of the experts should be immediately informed to the Office of Controller of Examinations (Thesis Section).

To be filled in by the Guide based on the information obtained from the Experts

Sl.No	Name, Complete Official Address with Designation (Professor / Associate Professor)	Mobile numbers, landline numbers (Office & Residence) and Email IDs (official & personal)	Areas of Specializations /research pertinent to the broad are of the thesis	Number of papers published		Number of years of Research Experience
				WoS / Scopus	Others	
List of Four Experts –from Institutions of National Importance / Institutions of Eminence / Central Universities / Institutions with potential for excellence / Centers with potential for excellence						
1						
2						
3						
4						
List of Four Experts from State Universities / State Private Universities / Deemed-to-be Universities With NAAC "A" Grade Accreditation						
1						
2						
3						
4						
List of Four Experts (without Indian Origin) from Eminent Institutions- Abroad						
1						
2						
3						
4						

Signature of the Guide with Date



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Ph.D Thesis Adjudication Consent Form

Name of the Ph.D. scholar	
Register Number	
Department	
Title of the Thesis	
Name of the Guide	
Designation	
Department	

Name of the Expert	
Designation	
Address for Communication	
Mobile Number	
E-Mail Id	
Total Experience	
Teaching (or) Academia	
Research	
Industry (if applicable)	
Total Number of Publications	
Web of Science	
Scopus	
UGC-CARE	
Others	
Total Number of PhD Theses Evaluated so far	

I, _____, hereby give my consent to include my name in the panel of examiners to evaluate the above thesis. I also declare that the guide and scholar are not related to me in any way, what so ever. I will evaluate and submit the thesis with the stipulated period of time as per the university PhD regulations.

Signature of the Adjudicator