

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE (BITS), PILANI
ACADEMIC GRADUATE STUDIES AND RESEARCH DIVISION (AGSRD)**

**FORMAT FOR SUBMISSION OF DRC APPROVED LIST OF EXAMINERS
(TO BE PROVIDED IN A SEALED ENVELOPE WITH CV OF EXAMINERS)**

Date:

NAME OF STUDENT :
DEPARTMENT :
CAMPUS :

To,
Dean AGSRD

The DRC in a meeting held on _____ reviewed the examiners list submitted by the Ph.D. Supervisor / Co-supervisor(s)

Name of Supervisor		Affiliation:
Name of co-supervisor/s		Affiliation:
Title of Thesis		
Supervisor's signature		

The Committee recommends following persons as examiners, who are working in the area in which the thesis is submitted. Additional information along with list of publications of proposed examiners is enclosed.

S.No.	Name	Affiliation
1		
2		
3		
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5		
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8		

Name and signature of DRC members:

Name	Signature

NOTE: SCANNED COPY OF THIS FORM ALONG WITH INFORMATION OF PROPOSED EXAMINERS IS TO BE FORWARDED THROUGH DRC TO THE OFFICIAL EMAIL ADDRESS OF ASSOCIATE DEAN, AGSRD OF RESPECTIVE CAMPUS.