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**PERIYAR  
MANIAMMAI  
UNIVERSITY**  
(Under Sec. 3 of UGC Act, 1956) • NAAC Accredited  
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**FORM – DR3**

**School of** \_\_\_\_\_

**Department of** \_\_\_\_\_

**Ref: PMU/ Year/ Dept. / Office Note No. / Date:**

**Sub: Permission to Conduct Comprehensive Viva-Voce Examination for Research Scholar – Reg.**

Name of the Scholar :  
(in Block letters)

Register Number :

Mode of Admission : Regular  Internal  External   
(Tick Appropriate box) Part Time  Part Time

Title of the :  
Research work

**Respected sir,**

It is requested to approve one expert from the panel given below to conduct comprehensive Viva-Voce examination to be held on (Date) by (Time) at (Hall) of Periyar Maniammai University for the above said research Scholar.

Sl. No.	Name of the Examiner*	Official Designation with Address	Contact Details (email, mobile no etc)	Area of Research /Specialization
(1)				
(2)				
(3)				

\* (Profile & Publications of the members suggested should be given in separate sheets.)

**Note:** Enclose No Dues certificate issued by Finance Section and Cumulative Course Work Mark Sheet

**Research Supervisor  
Name:  
Recognition No.**

Remarks:

Date:

**HOD / xxxxx**

Remarks:

Date:

**Dean (Research)**

**VC's Approval**

**Periyar Maniammai University**  
**Vallam, Thanjavur**  
**No Dues Form**

**Name** :  
**Reg.No** :  
**Department** :  
**Name of the Course** : **Ph.D**  
**Date** :

**Signature of the AFO/ DFO:**  
**(For Fees Dues)**