



Periyar Nagar, Vallam Thanjavur - 613 403, Tamil Nadu, India Phone: +91 7358053699, Fax: +91 - 4362 - 264660 Email: deanresearch@pmu.edu Website: www.pmu.edu

School of xxxxxxxxxxxxxxx Department of xxxxxxxxxxxxxx

FORM-DR4A

on

Sub: Submission of Minutes of Comprehensive Viva Voce Examination - Reg.				
Respected sir,				
Comprehensive Viva Voce Examination for the Research s	with, the copy of the comments made by the External			
	Research Supervisor Name: Recognition No.			
Remarks:				
Date:	HOD/xxxx			
Remarks:				
Date	Dean / Research			
VC's Approval				





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Minutes of the Comprehensive Vive-Voce Examination

Title of the work: -----

The following members were present.

- 1. Name, Designation, Working Place External Examiner
- 2. Name, Designation, Working Place Supervisor
- 3. Name, Designation, Working Place Co Supervisor (If applicable)
- 4. Name, Designation, Working Place DC Member

The candidate has successfully completed the prescribed course work subjects as furnished below.

SI.No	Sub.Code	Subject Name	Grade
1			
2			
3			
4			

Mark Scored in Comprehensive written examination:

Observations of the committee are as follows:				
1.				
2.				
3.				
4.				
1. His / Her research findings are Satisfactory/ Not satisfactory				
2. His / Her Provisional admission may be confirmed / may not be confirmed.				
External Examiner Name :		Research Supervisor Name:		
DC Member I Name:	DC Member II Name:	DC Member III Name:		