

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 xxxxxxxxxxxx
 Department of xxxxxxxxxxxx**

FORM-DR6 A

Sub: Synopsis Viva-voce Examination -- (PT/FT) Research Scholar in the
 Department of..... – Panel of Examiners – Reg.

Name of the Scholar

(In Block letters) :

Register Number :

Department :

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

Name and Designation :
 of the Supervisor

Research Topic :

A Panel of Examiners is submitted herewith for conducting Synopsis Viva-Voce Examination for the above said Scholar. It is kindly requested to select an External Examiner to conduct the Synopsis Viva-Voce examination to be held on (Date) by (Time) at (Hall) of Periyar Maniammai University.

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

* (Profiles with Publications of the members suggested should be given.)

Note: Enclose the No Dues Certificate issued by Finance Section

**Research Supervisor
 Name:
 Recognition No.**

Remarks:

Date:

HOD /xxxxxxxx

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)