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**PERIYAR
MANIAMMAI
UNIVERSITY**
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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 Part Time External Part Time
(Tick Appropriate box)

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)				
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* (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.**

**(if Applicable)
Co-Research Supervisor
Name:**

Remarks:

Date:

HOD / xxxxx

Remarks:

Date:

Dean (xxxxxxx)

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)