

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



**PERIYAR
MANIAMMAI
UNIVERSITY**
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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)				
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* (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.

(if Applicable)

Co-Research Supervisor
Name:

Remarks:

Date:

HOD /xxxxxxx

Remarks:

Date:

Dean (XXXX)

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)