

SHRI RAMASAMY MEMORIAL UNIVERSITY SIKKIM

PANEL OF EXAMINERS FOR ORAL EXAMINATION

**(To be submitted to the Controller of Examinations (by name) in a
Confidential and Sealed Cover)**

1.	Name of the Scholar	
2.	Title of the Thesis	
3.	Faculty	
4.	Name of the Supervisor	

SUPERVISOR

(Signature with Name)

Co-SUPERVISOR

(Signature with Name)

(If applicable)

S.No	Name with Full and Correct Postal Address	Area of Specialization
I	Name: Designation: Department: Address: Phone: Email:	
II	Name: Designation: Department: Address: Phone: Email:	
III	Name: Designation: Department: Address: Phone: Email:	

PROFILE OF THE EXAMINER – I

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College :
where he/she is currently
working
5. If the examiner is working in
a college, to mention whether
the department is an approved : Yes / No
research department or not
6. Broad area of research :

7. Total number of publications :
8. Total number of Ph.D scholars :
currently guiding
9. Total number of Ph.D scholars :
completed
10. Mention two or three
recent publications
(With Journal name, Title of
the articles, Issue/Volume
number, month & year of the
publication) :
11. Complete Postal Address :
Line 1: _____
Line 2: _____
Line 3: _____
District or City : _____
Zip or Pin code : _____
Province or State : _____
Name of the Country : _____
Phone: Landline : _____ Mobile : _____
(Including the Country Code)
Email-id (i) : _____
(ii) : _____

PROFILE OF THE EXAMINER – II

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College :
where he/she is currently
working
5. If the examiner is working in
a college, to mention whether
the department is an approved : Yes / No
research department or not
6. Broad area of research :

7. Total number of publications :
8. Total number of Ph.D scholars :
currently guiding
9. Total number of Ph.D scholars :
completed
10. Mention two or three
recent publications
(With Journal name, Title of
the articles, Issue/Volume
number, month & year of the
publication) :
11. Complete Postal Address :
Line 1: _____
Line 2: _____
Line 3: _____
District or City : _____
Zip or Pin code : _____
Province or State : _____
Name of the Country : _____
Phone: Landline : _____ Mobile : _____
(Including the Country Code)
Email-id (i) : _____
(ii) : _____

PROFILE OF THE EXAMINER – III

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College where he/she is currently working :
5. If the examiner is working in a college, to mention whether the department is an approved research department or not : Yes / No
6. Broad area of research :

7. Total number of publications :
8. Total number of Ph.D scholars currently guiding :
9. Total number of Ph.D scholars completed :
10. Mention two or three recent publications (With Journal name, Title of the articles, Issue/Volume number, month & year of the publication) :
11. Complete Postal Address :
Line 1: _____
Line 2: _____
Line 3: _____
District or City : _____
Zip or Pin code : _____
Province or State : _____
Name of the Country : _____
Phone: Landline : _____ Mobile : _____
(Including the Country Code)
Email-id (i) : _____
(ii) : _____