



SHRI RAMASAMY MEMORIAL UNIVERSITY SIKKIM

OFFICE OF THE CONTROLLER OF EXAMINATIONS

PANEL OF EXAMINERS

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

01.	Name of the Scholar	
02.	Title of the Thesis	
03.	Faculty	
04.	Name of the Supervisor	
05.	Indian Examiners (3 Numbers) and Foreign Examiners (3 Numbers). Profile of the examiners should be submitted individually in the given format.	

SUPERVISOR

(Signature with Name)

CO-SUPERVISOR

(Signature with Name)

(If applicable)

06.	Indian Examiners
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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:	

07.	Foreign Examiners
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Sl.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:	

SUPERVISOR

(Signature with Name)

CO-SUPERVISOR

(Signature with Name)
(If applicable)

PROFILE OF THE INDIAN 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 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) : _____
Email-id (ii) : _____

PROFILE OF THE INDIAN EXAMINER – II

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College where he/she is currently working :

9. If the examiner is working in a college, to mention whether the department is an approved research department or not : Yes / No
10. Broad area of research :

11. Total number of publications :
12. Total number of Ph.D scholars : currently guiding
12. Total number of Ph.D. scholars completed:
13. Mention two or three recent publications (With Journal name, Title of the articles, Issue/Volume number, month & year of the publication) :

14. 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) : _____
Email-id (ii) : _____

PROFILE OF THE INDIAN EXAMINER – III

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College where he/she is currently working :
13. If the examiner is working in a college, to mention whether the department is an approved research department or not : Yes / No
14. Broad area of research :
15. Total number of publications :
16. Total number of Ph.D scholars : currently guiding
15. Total number of Ph.D. scholars completed:
16. Mention two or three recent publications (With Journal name, Title of the articles, Issue/Volume number, month & year of the publication) :
17. 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) : _____
- Email-id (ii) : _____

PROFILE OF THE FOREIGN EXAMINER – I

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College where he/she is currently working :

17. If the examiner is working in a college, to mention whether the department is an approved research department or not : Yes / No

18. Broad area of research :

19. Total number of publications :

20. Total number of Ph.D scholars : currently guiding

18. Total number of Ph.D. scholars completed:

19. Mention two or three recent publications (With Journal name, Title of the articles, Issue/Volume number, month & year of the publication) :

20. 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) : _____

Email-id (ii) : _____

PROFILE OF THE FOREIGN EXAMINER – II

1. Name of the Examiner :

2. Designation :

3. Department :

4. Name of the University/College :
where he/she is currently working

21. If the examiner is working in a college, to mention whether the department is an approved research department or not : Yes / No

22. Broad area of research :

23. Total number of publications :

24. Total number of Ph.D scholars :
currently guiding

21. Total number of Ph.D. scholars completed:

22. Mention two or three recent publications
(With Journal name, Title of the articles,
Issue/Volume number, month & year of
the publication) :

23. 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) : _____

Email-id (ii) : _____

PROFILE OF THE FOREIGN EXAMINER – III

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College where he/she is currently working :
25. If the examiner is working in a college, to mention whether the department is an approved research department or not : Yes / No
26. Broad area of research :
27. Total number of publications :
28. Total number of Ph.D scholars : currently guiding
24. Total number of Ph.D. scholars completed:
25. Mention two or three recent publications (With Journal name, Title of the articles, Issue/Volume number, month & year of the publication) :
26. 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) : _____
- Email-id (ii) : _____