

श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रम, केरल- 695 011, भारत (एकराष्ट्रीयमहत्वकासंस्थान, विज्ञानएवंप्रौद्योगिकीविभाग, भारतसरकार) SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM KERALA – 695 011, INDIA

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(Form No.: PhD/36)

ASSOCIATE DEAN

(PHD PROGRAM)

DIVISION OF ACADEMIC AFFAIRS

Request to Conduct PhD Viva Voce

1.	Name of PhD Research Scholar	:
2.	Register No.	:
3.	Student Code	:
4.	Name of the Guide	:
5.	Approved Thesis Title	:
То	The Associate Dean (PhD Progra Division of Academic Affairs	am)
Dea	r Sir / Madam	
Detail him, by h	ails of the <u>papers published and the</u> her are given below (copies <i>attach</i>	ndatory requirements prior to the conduct of PhD Final Viva . econferences attended (with paper/oral/poster presentation) by ed). I also certify that the work reported in the above was done esearch scholar under my supervision. I request you to do the voce of my student.
A.	Details of the papers published as 1 st Author (name of the authors, title of the paper, name of the journal, volume, page numbers, year, and impact factor of the journal) (copies of relevant pages attached).	
B.	Details of conferences attended with paper/oral/poster presentation (name of the authors, title of the paper, name of the conference, date, venue and year (copies attached).	
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