SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY

(Form No. PhD/04)

DIVISION OF ACADEMIC AFFAIRS

PANEL OF EXAMINERS FOR PhD COMPREHENSIVE EXAMINATION

 $(1. \ To \ be \ submitted \ by \ the \ Research \ Guide \ with \ a \ copy \ of \ syllabus \)$

(2. Minimum five to six names may be given in the given format)

Name of Research Scholar	:	
Register No	:	
Topic of research	:	
Name of Research Guide	:	

Sl.	Name and Address of	Areas of expertise	Qualification	Present	Important		Contact Number	ers	E-Mail ID
No	the Examiner	relevant to their		position	past	Office	Residence	Mobile	
		subject		held	positions				
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Date:	
Place:	Name & Signature of Research Guide