

INDIAN INSTITUTE OF TECHNOLOGY INDORE

Form MSRTS-2 LIST OF SUGGESTED EXAMINERS FOR EVALUATION OF THE MS (RESEARCH) THESIS

Name of	f the Student:	Roll No.:
Disciplin	ne:	
Date of	Joining the MS (Research)	Program:
Name o	f Thesis Supervisor(s) 1	
Title of t		
	Names o	f Suggested Exmainers with contact details
S. No.	Names 0	Name of Examiners (Within India)
		<u> </u>
1	Name :	
	Designation:	
	Organization: Postal Address:	
	E-mail:	
	Phone: Fax:	
2	Name :	
_	Designation:	
	Organization:	
	Postal Address:	
	E-mail:	
	Phone:	
	Fax:	
3	Name :	
	Designation:	
	Organization:	
	Postal Address:	
	E-mail:	
	Phone:	
	Fax:	
4	Name :	
	Designation:	
	Organization: Postal Address:	
	E-mail:	
	Phone:	
	Fax:	

Suggested names of Four faculty members of IIT Indore (who are not from the discipline of the MS (Research) candidate) for the Chairman of MS (Research) Oral Examination Board

1 Name : Discipline:	S. No.		of faculty members (Within IIT I	ndore)
Name:				
Discipline: Name :	.	Name :		
Name:				
Discipline: A Name :		Discipline		
Discipline: A Name :	2	Name :		
Discipline:		Discipline:		
Discipline: A Name :	3	Name :		
A Name:				
Thesis Supervisor (Signature with Date) Thesis Supervisor (Signature with Date) Convenor, DPGC (Signature with Date) Dean, Academic Affairs (Signature with defended by the order of preference of the suggested examiners for evaluating the MS (Research) the of Mr./Ms. Titled SI. No. Name of the Examiner with Contact Details Invite for MS (Research) 1 2 3	4			
(Signature with Date) (Signature with Date) (Signature with Date) (Signature with Date) (Convenor, DPGC (Signature with description of Dean, Academic Affairs (Signature with description of Dean, Academic Affairs (Signature with description of Mr./Ms		Discipline:		
Dean, Academic Affairs (Signature with description of Mr./Ms				Thesis Supervisor (Signature with Date)
Following is the order of preference of the suggested examiners for evaluating the MS (Research) the of Mr./MsTitled			Conver	nor, DPGC (Signature with date)
SI. No. Name of the Examiner with Contact Details Invite for MS (Reservant of the Examiner with Contact Details 1 2 3			Dean, Acade	mic Affairs (Signature with date)
ORAL Exam 1 2 3		•		•
ORAL Exam 1 2 3				
2 3	SI. No.	Name of the Examiner with	Contact Details	Invite for MS (Reserch) ORAL Exam
3	1			
	2			
4	3			
	4			

Sr.No.	Order of preference for the Chairman of Oral Examination Board for MS (Research)
1.	
2.	
	Chairman, Senate (Signature with o

Following is the order of preference for the Chairman of MS (Research) Oral Examination Board of

Mr./Ms.____