Post Graduate Department of Computer Sciences
University of Kashmir, Srinagar-190006

Head of the Department

Ph.D Viva-Voce Report

Faculty: -

1. Name of the scholar: _____

2. Fathers Name: _____

3. Address: _____

4. Subject: _____

5. Registration No: _____

6. Title of the thesis: _____

_____

7. Name of the examiners who have evaluated the thesis:

A) External I: _____

B) External II _____

C) Internal (Supervisor) _____

D) Internal (co-Supervisor) _____

8. Date of Registration _____

9. Dated of Submission of thesis _____

10. Date of Conduct of Viva-Voce: _____

11. Definite Recommendations: _____

12. Signature of External Examiner with _____

Name & Designation: _____

13. Signature of Supervisor _____

Name & Designation _____

14. Signature of the Head of the Department/Director _____

15. Signature of the Dean Concerned _____

(Detailed report may be given in separate sheet)

Satisfaction