**LIST OF EXAMINERS (INDIA) FOR EVALUATION OF Ph.D. THESIS**

 **FORM -11**

**July 2021**

1. **Name of the Scholar: Registration No.:**
2. **Title of the Thesis:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Contact Details** | **Number** | **Recommendation of the Chairman, Senate** |
| **1** | Name: Designation: Department: Name of the organization: Complete postal address with PIN codeContact Phone No.:E-mail: Webpage:  |  |  |
| 2 | Name: Designation: Department: Name of the organization: Complete postal address with PIN codeContact Phone No.:E-mail: Webpage: |  |  |
| 3 | Name: Designation: Department: Name of the organization: Complete postal address with PIN codeContact Phone No.:E-mail: Webpage: |  |  |
| 4 | Name: Designation: Department: Name of the organization: Complete postal address with PIN codeContact Phone No.:E-mail: Webpage: |  |  |
| 5 | Name: Designation: Department: Name of the organization: Complete postal address with PIN codeContact Phone No.:E-mail: Webpage: |  |  |

\* **Times the Examiner Examined Thesis Supervised by the Present Supervisors Earlier**

It is certified that the above persons have not acted as author/co-author of the research scholar in any of her/his publications (Journals /Conferences / Patent) at any time. It is also certified that the supervisor(s) of the thesis, do not have any potential conflict of interest with the above suggested examiners/persons.

**Endorsement by the DSC members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name of the DSC Member** | **Role** | **Signature with date** |
| 1. |  | Supervisor /(s) |  |
| 2. |  | Supervisor /(s) |  |
| 3. |  | Member |  |
| 4. |  | Member |  |
| 5. |  | Member |  |
| 6. | **CHAIRPERSON, DSC** |

**LIST OF EXAMINERS (ABROAD) FOR EVALUATION OF Ph.D. THESIS**

 **FORM -12**

**July 2021**

1. **Name of the Scholar: Registration No.:**
2. **Title of the Thesis:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Contact Details** | **Number** | **Recommendation of the Chairman, Senate** |
| **1** | Name: Designation: Department: Name of the organization: Complete postal address with PIN codeContact Phone No.:E-mail: Webpage:  |  |  |
| 2 | Name: Designation: Department: Name of the organization: Complete postal address with PIN codeContact Phone No.:E-mail: Webpage: |  |  |
| 3 | Name: Designation: Department: Name of the organization: Complete postal address with PIN codeContact Phone No.:E-mail: Webpage: |  |  |
| 4 | Name: Designation: Department: Name of the organization: Complete postal address with PIN codeContact Phone No.:E-mail: Webpage: |  |  |
| 5 | Name: Designation: Department: Name of the organization: Complete postal address with PIN codeContact Phone No.:E-mail: Webpage: |  |  |

\* **Times the Examiner Examined Thesis Supervised by the Present Supervisors Earlier**

It is certified that the above persons have not acted as author/co-author of the research scholar in any of her/his publications (Journals /Conferences / Patent) at any time. It is also certified that the supervisor(s) of the thesis, do not have any potential conflict of interest with the above suggested examiners/persons.

**Endorsement by the DSC members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name of the DSC Member** | **Role** | **Signature with date** |
| 1. |  | Supervisor /(s) |  |
| 2. |  | Supervisor /(s) |  |
| 3. |  | Member |  |
| 4. |  | Member |  |
| 5. |  | Member |  |
| 6. | **CHAIRPERSON, DSC** |

## CERTIFICATE OF PLAGIARISM / SIMILARITY CHECK

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Scholar:  |  |
| Roll No.: |  |
| Registration No.: |  |
| 2. | Title of the Thesis:  |  |
| 3. | Name of the Supervisor:  |  |
| Name of the co-supervisor, if any:  |  |
| 4. | Department / Centre:  |  |
| 5. | Software used:  | iThenticate |
| 6. | Similar content (%) identifiedAll IncludedAfter permissible Exclusions\*:  | (i) |
| (ii) |
| 7. | Date of Verifications: |  |

1. **Declaration by the Scholar:** I have verified and satisfied with the report generated by the anti-plagiarism software, which is as per Academic Regulations of PhD Programme.

##  Date: (Full Signature of the Research Scholar)

1. **Declaration by the PhD Thesis Supervisor (s)/Co-supervisor (if any):** I/we have verified and satisfied with the report generated by the anti-plagiarism software, which is as per Academic Regulations of PhD Programme.

## (Full Signature (s) of the Supervisor (s)) (Full Signature of the Co-supervisor (if any))

## Date: Date:

1. The DSC has verified the report# on plagiarism check with the contents of the thesis, as summarized above and appropriate measures have been taken to ensure originality of the Research accomplished herein.

The PhD thesis submitted by (Name of the Scholar: \_\_\_\_\_\_) is **RECOMMENDED / NOT-RECOMMENDED** for submission.

##  Date: (Full Signature of the Chairperson DSC)

**Office of Dean (Academic)**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **% Similarity** | **Comments/ Remarks** |
| The plagiarism of the thesis |  | 1. Recommended as per PhD Regulations
2. Send back to the Chairperson DSC for compliance
 |

 **Date: Signature of Dean (Academic)**

\* Plagiarism check shall be made for Ph.D. thesis to satisfy maximum permissible match of 20% excluding (a) publications of the research scholar and corresponding supervisor/co- supervisor(s), (b) All references / bibliography, and (c) five consecutive words.

#Report on plagiarism check, specifying included / excluded items with % of similarity to be attached.