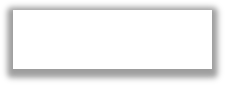
## 



**FORM - 13**

# [ON OFFICIAL LETTER HEAD]

**Ph.D. THESIS EVALUATION REPORT**

Submitted to

**NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR, INDIA**

**Please Fill up All the Fields under Sections- A, B, and C**

March 2024

|  |  |  |
| --- | --- | --- |
| **A. DETAILS OF THE EXAMINERS** | | |
| **Name of the Examiner:** |  | |
| **Designation:** |  | |
| **Official Address:** |  | |
| **E–mail ID:** |  | |
| **Telephone/Fax:** |  | |
| **B. DETAILS OF THE SCHOLAR/STUDENTS** | | |
| **Name of the Scholar** |  | |
| **Registration No. of the Scholar:** |  | |
| **Title of the Thesis:** |  | |
| **C. DECISION ON THE AWARD OF Ph.D. DEGREE:**  (\****Please submit the detailed report on the thesis separately***). | | |
| **RECOMMENDATION TERMS** | | **RECOMMENDATION**  (Please Specify /Write Your Recommendation by Choosing any One From the List of Recommendation Terms) |
| 1. Recommended. 2. Not recommended. 3. To be revised and sent back to the examiner. 4. To be revised but need   not be sent back to the examiner. | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

### The undersigned declare that there is no Conflict of Interest.

**Signature of the Examiner with official Seal**

Place: Date:

**March 2024**

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Ph.D THESIS EVALUATION REPORT

Submitted To

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR, INDIA

**DETAILED REPORT OF THE THESIS (*at least 500 words)***

(Please assess the strength and weakness of the Ph.D. thesis in detail and indicate corrections /clarification /scope for improvement, if any, in a separate attachment)

**Signature of the Examiner with official Seal**

Place: Date: