



ST. JOSEPH UNIVERSITY

A State Private University Established Under Nagaland Govt. Act No.6 of 2016,
Recognized by UGC, Approved by AICTE.

CENTRE FOR RESEARCH

PROFORMA FOR SUBMISSION OF PANEL OF EXAMINERS FOR PH.D THESIS EVALUATION

(To be submitted in Sealed Cover as confidential)

PANEL OF EXAMINERS FROM REGION – I – 3 MEMBERS

Name of the Scholar		Register Number	
Discipline		Date of Registration	
Name of the Supervisor		Name of Co- Supervisor (If Applicable)	
Title of Research			

Sl. No	Detail of Panelist with Complete Postal Address	
1	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
2	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
3	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	

*One page profile of each expert should be submitted.

Certified that none of the experts suggested, including the supervisor and Co- Supervisor (Wherever applicable) is related to the candidate. The Panel submitted for evaluation is as per the regulation of SJU

Signature of Co- Supervisor

Signature of Supervisor



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PANEL OF EXAMINERS FROM REGION – II – 3 MEMBERS

Name of the Scholar		Register Number	
Discipline		Date of Registration	
Name of the Supervisor		Name of Co- Supervisor (If Applicable)	
Title of Research			

Sl. No	Detail of Panelist with Complete Postal Address	
1	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
2	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
3	Name	
	Designation	
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Signature of Co- Supervisor

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PANEL OF EXAMINERS FROM REGION – III – 3 MEMBERS

Name of the Scholar		Register Number	
Discipline		Date of Registration	
Name of the Supervisor		Name of Co- Supervisor (If Applicable)	
Title of Research			

Sl. No	Detail of Panelist with Complete Postal Address	
1	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
2	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
3	Name	
	Designation	
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	Email Address	

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Signature of Co- Supervisor

Signature of Supervisor