



RAJASTHAN TECHNICAL UNIVERSITY, KOTA

Ph.D. Oral Defence Evaluation Form

1.	Name of the student:	
2.	Enrollment Number:	
3.	Date* ,Time & Venue of oral Exam:	
4.	Name of University Department /University Center/Research Center:	
5.	Title of Thesis:	
6.	Thesis Supervisor (s):	
7.	Recommendations of Thesis Examiners: (Strike out which is not applicable)	
i.	Examiner 1	Accept / Revise / Reject
ii.	Examiner 2	Accept / Revise / Reject
iii.	Examiner3	Accept / Revise / Reject
7.	Necessary modifications suggested by the thesis examiners have been incorporated:	YES / NO
8.	Authenticate the work as the students' own:	YES / NO
9.	Comments (elicit the candidate's replies to the questions raised by the thesis examiners and judge if the presentation of the work by the student and the answers to the questions asked have been satisfactory): (Continue on reverse, if necessary)	

10.	The candidate has PASSED / FAILED	
	Internal Examiner	External Examiner
Signature		
Name		
Designation		
Department & Institute		

** Details of Oral examination shall be adequately notified well in advance to enable interested students and faculty members of the University to attend it*

Date:

Chairperson
Department Research Committee

Dean (Research)

Hon'ble Vice Chancellor