



भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर
INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR
शैक्षणिक अनुभाग / Academic Section

Form for qualifying examination (after completion of course work)

School of _____

1. Name of the Scholar : _____
2. Roll Number : _____
3. Type : Institute Sponsored Project
4. Date of joining : _____
5. Name of the supervisor (s) : _____
6. Area of Research : _____
7. Date of completion of course work : _____
8. Full name of the members of Doctoral Advisory Committee: *(please enclose necessary office order)*
 - 1 _____
 - 2 _____
 - 3 _____
 - 4 _____
 - 5 _____

Ph.D. Coordinator
Full signature with date

Head of the School
Full signature with date

For use by the School after completion of the qualifying examination

1. Whether the Scholar is appearing for 1st attempt OR 2nd attempt
2. Date of 1st attempt _____ OR Date of 2nd attempt _____

1	Date & time of Examination	:	First Attempt (Oral Test)		Second Attempt (Oral / Written) strikeout whichever is not applicable					
			Date	Time	Date	Time				
2	Mark Assessment	:	1	Oral session score/Mark	_____ out of 100					
3	Result <i>(qualifying mark shall be 65 marks)</i>	:	Qualified	:		Not qualified	:			

Names and signature of evaluation committee members:

Sl.No.	Name	External/Internal expert member	School/Department	Signature

Ph.D. Coordinator
Full signature with date

Head of the School
Full signature with date

Dean (PGRP)

N.B. Original form should be forwarded to Academic Section after completion of all the formalities of qualifying examination. However, one copy should be kept in the School/Head of the School/Supervisor future reference.