



**NOTIFICATION FOR COMPREHENSIVE EXAMINATION**

(A copy of notification should be sent to OAA)

*(The comprehensive examination will be either oral or written or a combination of both, as detailed in the guidelines of individual Departments, and duly approved by the senate Ph.D. manual clause #8.7.)*

**Department of \_\_\_\_\_**

1. The written and/or oral comprehensive examination of Mr./Ms. \_\_\_\_\_  
\_\_\_\_\_ Ph.D. student with a Roll number \_\_\_\_\_ will be held as follows.

(a) Written comprehensive examination/ NA ('NA' if there is no written component):

Date, time and place: \_\_\_\_\_

(b) Oral comprehensive examination/ NA (NA if there is no oral component):

Date, time and place: \_\_\_\_\_

Signature  
Name:  
(ThesisSupervisor)

(In cases where thesis supervisor is not allotted, the Convener, DPGC/HoD will forward the form.)

(Convener, DPGC)

(HoD/FIC-Department)

Copy to all members CEC (whichever is applicable)