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(Deemed to be University U/S 3 of the UGC Act, 1956)

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(PROFESSOR & ASSOCIATE PROFESSOR LEVEL WITHIN CHENNAI)

Note: Form should not be hand written, it should be typed (Mandatory)

Date:

Name of the Scholar			
Registration Number			
Department			
Title of the Thesis			
Name of the Supervisor			
Sl. No.	Details of the Examiners	Qualification, Total research experience with specialization	Remarks (for office use only)
	(Along with their Profile/Resume/Curriculum Vitae / Enclose all pages of Google Scholar citations in the order they are cited)		
1.	Name & Designation: (Enclose Google Scholar or Scopus Details) Department: Name of the Institution: Ph.D. Detail of the Examiner (enclose proof) Dept.....Year.....University..... Mobile: Email:	Qualification: Research Experience: Specialization:	
2.	Name & Designation: (Enclose Google Scholar or Scopus Details) Department: Name of the Institution: Ph.D. Detail of the Examiner (enclose proof) Dept.....Year.....University..... Mobile: Email:	Qualification: Research Experience: Specialization:	
3.	Name & Designation: (Enclose Google Scholar or Scopus Details) Department: Name of the Institution: Ph.D. Detail of the Examiner (enclose proof) Dept.....Year.....University..... Mobile: Email:	Qualification: Research Experience: Specialization:	

Supervisor
(Signature with Name and seal)