**FORM XI-A**



****

**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

**बिजनी कॉम्‍पलेक्‍स, लैटमुख्‍्राह, शिलांग Bijni Complex, Laitumkhrah, Shillong-793003**

 **Ph. D. THESIS EXAMINER'S REPORT**

1. Name of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Title of the thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name, designation and complete address of the Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The thesis has been examined by me and I recommend that: **(please tick (✓) the one relevant)**

|  |  |
| --- | --- |
| **The thesis is found suitable for oral defence evaluation without further examination or amendment.** | [ ]  |
| **OR** |  |
| **The thesis is found suitable for oral defence evaluation, subject to the corrections/ additions/ modifications suggested by me in the thesis as detailed in the attached report. This should subsequently be found to be satisfactory by the Oral Defence Examination Committee without further reference to me.** | [ ]  |
| **OR** |  |
| **The thesis is not suitable for oral defence evaluation, but the candidate be asked to re-submit the thesis in a revised form. Areas requiring major modifications are detailed in my attached report.** | [ ]  |
| **OR** |  |
| **The thesis is rejected.** | [ ]  |

**Date: \_\_\_\_\_\_\_\_\_ Signature of the Examiner**

Note: The detailed evaluation report (as an annexure) with signature of the examiner on each of the pages

 should be attached along with this form.