

INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR
(A University established under IIPHG Act, 2015 of Gujarat)

ANNEXURE 14: FORMAT FOR VIVA VOCE EXAMINATION EXAMINERS

Name of the Ph.D. Scholar	
Registration No.	
Name of the Research Supervisor	
Name & affiliation of the co-supervisor (if any)	
Date of thesis Submission	
Date of Viva Voce Examination	

Title of thesis:

Recommendation for the External Examiner for Viva Voce Examination

Name: Designation: Email: Contact No.: Address:
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Composition of Viva Voce Examination Board Members

Name, Designation, & Affiliation
(External Examiner)

Name & Designation
(Research Supervisor – Internal Examiner)

Name, Designation, & Affiliation
(Co-Supervisor, if any)

Name & Designation
(Head of the Department)

Name & Designation
Dean – Research & Training

Registrar

Director

Proposed by Name and Signature of Research Supervisor

Recommended through Doctoral Studies Cell

(Registrar)

(Director)