**REPORT OF PRELIMINARY PHD THESIS DEFENCE**

**PhD 5A Internal Form**

**(Must be type written)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regn No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PhD Preliminary Defence held on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Report of Examination Committee** |
| Name | Recommended | Not Recommended | *Must specify the reasons if Not Recommended* |
| Name of Supervisor:  |  |  |  |
| Name of Co- Supervisor:  |  |  |  |
| Name of GEC Member 1:  |  |  |  |
| Name of GEC Member 2:  |  |  |  |
| Name of GEC Member 3:  |  |  |  |
| Name of GEC Member 4:  |  |  |  |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Head of Department |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

If, not recommended, please list the conditions that must be met beforehand.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Dean / Principal |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

**Note:** It is the student’s responsibility to submit this form, duly approved, to Exam Branch along with other documents for PPCM.