



ODISHA UNIVERSITY OF TECHNOLOGY AND RESEARCH
Techno Campus, Mahalaxmi Vihar, Ghatikia, Bhubaneswar-751029.

Form No: OUTR-PhD-39/18.5.a

CONFIDENTIAL REPORTS OF EXAMINERS ON Ph.D. THESIS EVALUATION

Name of the Scholar:

Registration No.:

Title of the Thesis:

(Please send the detailed report of the thesis evaluation on a separate sheet and specific recommendation by ticking ☒ any one of the following options)

- (i) Thesis is accepted in the present form and recommended for award of the Ph.D. Degree

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OR

- (ii) Thesis needs minor clarifications indicated in the report, which need to be clarified by the Scholar at final Viva-Voce and it is recommended for award of the Ph.D. Degree

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OR

- (iii) Thesis needs minor corrections to be made by the Scholar as indicated in the report, which need to be incorporated in the thesis and clarified by the Scholar at final Viva-Voce and it is recommended for award of the Ph.D. Degree

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OR

- (iv) Thesis needs major corrections as indicated in the report, and the revised thesis to be referred back to the adjudicator concerned for fresh evaluation

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OR

- (v) Thesis is rejected for reasons specified in the report and **not** recommended for award of the Ph.D. Degree

☐

Place: _____ Signature of the Examiner: _____

Date: _____ Name of the Examiner: _____

Affiliation and Address: _____

NB:

1. A detailed signed Report should be enclosed in a separate sheet
2. It is expected to receive the report within six weeks counting from the date of receipt of the hard copy of the thesis (Thesis need not be returned unless it contains instructions for corrections)
3. The University requires a signed Report from the examiner. Please return it by both email and speed post to:
The Controller of Examinations, ODISHA UNIVERSITY OF TECHNOLOGY AND RESEARCH, Techno Campus, Mahalaxmi Vihar, Bhubaneswar-751029, Odisha, India



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Name of the Scholar: _____ **Registration No.:** _____

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Questions for Viva-Voce (Open Defence)

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Place: _____ **Signature of the Examiner:** _____

Date: _____ **Name of the Examiner:** _____

Affiliation and Address: _____