**Annexure-13**

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**MANAV RACHNA UNIVERSITY**

Sector-43, Aravali Hills, Faridabad

Date: \_\_\_\_\_\_\_\_\_\_

**List of Examiners for Ph. D Thesis Evaluation & Oral Defense Viva**

1. Name of the Ph. D Scholar : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Department : ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Registration : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Registration No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Title of Research Work: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Name of Examiners :

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| **S.No.** | **Name & Designation** | **Address** | **Email** | **Mobile No** |
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1. Name of Supervisor(s):

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| 2. |  |  |  |  |
| 3. |  |  |  |  |

SRC Chairperson DRC Chairperson

Dean Doctoral Program Controller of Examination

Approved By Honorable VC