



राष्ट्रीय प्रौद्योगिकी संस्थान अगर्तला
NATIONAL INSTITUTE OF TECHNOLOGY AGARTALA

RECOMMENDATION OF EXAMINERS ON Ph.D THESIS

Form NITA/ACAD/Ph.D./14(A)

Name of the Candidate: _____

Title of the thesis: _____

Please send a detailed report on the thesis on a separate sheet, and specific recommendation by ticking any one of the following:

1) The thesis be accepted for the award of Ph.D degree

OR

2) The thesis is acceptable subject to clarification of certain points at the time of viva-voce.
(Please enclose a list of the points)

OR

3) The thesis is acceptable subject to modification / clarification/ revision.
(Please enclose your suggestions for the modification, etc. desired)
After modification the thesis should **NOT** be referred back to me.

OR

4) The thesis is acceptable subject to further work/ modification/ substantial revision of the text.
(Please enclose your suggestions for the modification, etc. desired)
After modification the thesis should be referred back to me, for final assessment.

OR

5) The thesis does not meet the standards of comparable works in institutions of higher learning so it is rejected (Please enclose your comments)

Place: _____ Signature of Examiner _____

Date: _____ Name of Examiner: _____

Affiliation: _____

N.B. A detailed Report is enclosed in a separate sheet.