

**ASSAM AGRICULTURAL UNIVERSITY**

Faculty: \_\_\_\_\_

College:.....

**REPORT OF INTERNAL ORAL COMPREHENSIVE EXAMINATION**

**(MASTERS PROGRAMME)**

Dated: \_\_\_\_\_

This is to certify that Sri/Dr. \_\_\_\_\_ Roll No. \_\_\_\_\_ of the  
Department of \_\_\_\_\_ has been examined by us. The oral examination was held on  
\_\_\_\_\_. The performance in the examination has been found satisfactory/unsatisfactory and  
he/she shall have to reappear in the internal oral Comprehensive examination.

<b>Students Advisory Committee</b>	<b>Name</b>	<b>Designation</b>	<b>Signature</b>
Major Adviser/Chairman			
Co-Major Adviser, if applicable			
Member (Major Discipline)			
Member (Major Discipline)			
Member (Minor Discipline)			
Member (Supporting Discipline)			
Member (Supporting Discipline)			
Member (HoD, Major Discipline), if applicable			
Member (Other discipline/ Faculty, if necessary)			

Memo No.: \_\_\_\_\_

Dated the \_\_\_\_\_

Forwarded (in duplicate) to the Director, Post Graduate Studies, AAU for necessary action.

Signature of the Head of the Department

Memo No. \_\_\_\_\_

Dated the \_\_\_\_\_

Forwarded to the Registrar, Assam Agricultural University, Jorhat for necessary action.

Signature of the D.P.G.S.  
Seal