

ASSAM AGRICULTURAL UNIVERSITY

Faculty: _____

College:.....

REPORT OF ORAL COMPREHENSIVE EXAMINATION FOR

(Ph.D 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 Oral Comprehensive examination.

Signature of external

Name :

Date :

Students Advisory Committee	Name	Designation	Signature
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