| Name of the Research Scholar |  |
| --- | --- |
| Admission number of the Research Scholar |  |
| University Register number of the Research Scholar |  |
| Whether the Progress Report of the scholar for the current period is agreed as adequate by the DC |  |
| Area of Research |  |
| Name of the Research Supervisor/Co-supervisor |  |
| Affiliation of the Research Supervisor/Co-supervisor |  |

1. I know that the research scholar has to present the details of course work completed and area of research.
2. I know that the objective of the Comprehensive Examination is to test the general competence of the research scholar and the breadth of his/her knowledge in his/her discipline and areas related to his/her field of research.
3. I know that the oral examination will be based on the syllabus approved in DC2 and my area of research.

**Signature of the Research Scholar**

**Name of the Research Supervisor/Co-supervisor:**

**Signature of the Research Supervisor/Co-supervisor:**

|  |  |
| --- | --- |
| Date and time for DC (to be filled by the office of the Dean Research) |  |