Name of Organisation	
Name of Supervisor of Lab	
Topic of Research	

Table of Candidates participating together with contact details to be provided from each Organisation in the enclosed form is as mentioning below :-

Name of Examiners from the Country	
Examiner No. 1	**Examiner No. 2**
Name:	Name:
Designation:	Designation:
Address:	Address:
City (with PIN):	City (with PIN):
Mobile:	Mobile:
e-mail:	e-mail:
Examiner No. 3	**Examiner No. 4**
Name:	Name:
Designation:	Designation:
Address:	Address:
City (with PIN):	City (with PIN):
Mobile:	Mobile:
e-mail:	e-mail:
Examiner No. 5	**Name of Foreign Examiner**
Name:	**Examiner No. 1**
Designation:	Name:
Address:	Designation:
City (with PIN):	Address:
Mobile:	City (with PIN):
e-mail:	Mobile:
	e-mail:

Signature of Supervisor

Signature of Chairman of DRDO

Approved candidates:

1. Serial No. ..... is approved as Examiner
2. Serial No. ..... is approved as Examiner
3. Serial No. ..... is approved as candidate in case any of the above two approved candidates decline or fail to examine the thesis.

(Vice Chancellor)