



**CENTURION
UNIVERSITY**
*Shaping Lives...
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**CENTURION UNIVERSITY OF TECHNOLOGY AND MANAGEMENT,
ODISHA**

PANEL OF EXAMINERS FOR ORAL EXAMINATION

**(To be submitted to the Controller of Examinations (by name) in a
Confidential and Sealed Cover)**

01.	Name of the Scholar	
02.	Register No.	
03.	Title of the Thesis	
04.	Faculty	
05.	Department	
06.	Name of the Supervisor	
07.	Name of the Joint - Supervisor	

SUPERVISOR

(Signature with Name and Seal)

JOINT SUPERVISOR

(Signature with Name and Seal)

(IF applicable)

S.No	Name with Postal Address	Area of Specialization
I	Name: Designation: Department: Address: Phone: Email:	
II	Name: Designation: Department: Address: Phone: Email:	
III	Name: Designation: Department: Address: Phone: Email:	

PROFILE OF THE EXAMINER - I

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College :
where he/she is currently
working
5. If the examiner is working in
a college, to mention whether
the department is an approved : Yes / No
research department or not
6. Broad area of research :

7. Total number of publications :
8. Total number of Ph.D scholars :
currently guiding
9. Total number of Ph.D scholars :
completed
10. Mention two or
three recent
publications
(With Journal name, Title of
the articles, Issue/Volume
number, month & year of the
publication) :

11. Complete Postal Address :
Line 1: _____
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PROFILE OF THE EXAMINER - II

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College :
where he/she is currently
working
5. If the examiner is working in
a college, to mention whether
the department is an approved : Yes / No
research department or not
6. Broad area of research :

7. Total number of publications :
8. Total number of Ph.D scholars :
currently guiding
9. Total number of Ph.D scholars :
completed
10. Mention two or
three recent
publications
(With Journal name, Title of
the articles, Issue/Volume
number, month & year of the
publication) :

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Email-id (i) : _____
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PROFILE OF THE EXAMINER - III

1. Name of the Examiner :
2. Designation :
3. Department :
4. Name of the University/College :
where he/she is currently
working
5. If the examiner is working in
a college, to mention whether
the department is an approved : Yes / No
research department or not
6. Broad area of research :

7. Total number of publications :
8. Total number of Ph.D scholars :
currently guiding
9. Total number of Ph.D scholars :
completed
10. Mention two or
three recent
publications
(With Journal name, Title of
the articles, Issue/Volume
number, month & year of the
publication) :

11. Complete Postal Address :
Line 1: _____
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Line 3: _____
District or City : _____
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Province or State : _____
Name of the Country : _____
Phone: Landline : _____ Mobile : _____
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(ii) : _____