

Permission to use Video Conferencing for Pre Ph.D. Comprehensive Viva Examination
(As per Notification No. VTU/PS/2020-21/86, dated 12-05-2020)

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|--|--|-------------|
| Research Scholar's Name | | USN: |
| Contact No. and E-mail: | | |
| Name of College / Institute | | |
| Research Centre (Dept.) | | |
| Title of the research (As approved by VTU) | | |
| Date and Time of Viva (Proposed or Fixed) | | |

| Sl. No | Doctoral Committee | Name and Designation | College/Organization, Address, e-mail, Mobile | Signature with date (or attach email acceptance letter) |
|---------------|---|-----------------------------|--|--|
| 1 | Head of Institute/Nominee (Chairperson) | | | |
| 2 | Head of Research Centre/Department (Member) | | | |
| 3 | Domain Expert-1 (External)- (Member) | | | |
| 4 | Domain Expert-2 (External/Internal)- (Member) | | | |
| 5 | Research Supervisor (Member Convener) | | | |
| 6 | Co- Supervisor (Member Convener) | | | |

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| 1. Please state why you wish to request the use of video-conferencing at the viva examination. Please refer to the Notification regarding Guidelines on the Use of Video-Conferencing for viva Examinations , dated 12/05/2020. |
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| 2. Please state details of proposed arrangements for use of video conferencing in the viva examination (Online platform, location of members). |
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Note: By signing or through email acceptance, members confirm and agree to the remote viva examination via Video-Conferencing and agreed to the guidelines.

Co- Supervisor (if applicable)

Supervisor

Ph.D. / MSc. (Engg.) by research Pre-Ph.D. Comprehensive Viva-Voce Examination Video Conference Report

(As per Notification: No. VTU/PS/2020-21/86, dated 12-05-2020)

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| Research Scholar's Name | USN: |
| Contact No. and E-mail: | |
| Name of College / Institute | |
| Research Centre (Dept.) | |
| Title of the research (As approved by VTU) | |

| | |
|--|--|
| Date of Viva | |
| Time of Viva | |
| Online platform used | |
| Video Conference Meeting ID details | |

| Sl. No | Doctoral Committee | Name and Designation | College/Organization, Address, e-mail, Mobile / From where attended | Signature with date |
|--------|---|----------------------|---|---------------------|
| 1 | Head of Institute/Nominee (Chairperson) | | | |
| 2 | Head of Research Centre/Department (Member) | | | |
| 3 | Domain Expert-1 (External)- (Member) | | | |
| 4 | Domain Expert-2 (External/Internal)- (Member) | | | |
| 5 | Research Supervisor (Member Convener) | | | |
| 6 | Co- Supervisor (Member Convener) | | | |

Note: Submit the Video Conference Report, including video record in CD form and signed viva report by the Examiners to the Registrar (Evaluation).