

Date:

**Ph.D. Referee Panel
(CONFIDENTIAL)**

Name of Research Supervisor: _____

Name of College/Institution: _____

Address of College/Institution: _____

Village: _____

Taluka: _____

Dist.: _____

Pin code: _____

Email – ID: _____

Mobile No.: _____

**To,
P.G.T.R. Section,
Shri Govind Guru University,
Godhra.**

Sub: Names of Referees for Evaluation of Ph.D. Student Thesis

(1) Name of Student: _____

(2) Registration No.: _____ Date of Registration: _____

(3) Subject of Registration: _____ Faculty: _____

(4) Title of Thesis: _____

(5) _____ Copy of Synopsis in P.G.T.R. Section is submitted on Dated _____

(6) Thesis is / will be presented in _____ Language.

Sr. No.	Fill In Only English Capital Letters		
	Details of Approved Ph.D. Referee	Full Address	State
1.	Full Name: Designation: E-Mail Id: Mobile No:	Institution Address: Village/City: Dist.: Pin Code:	
2.	Full Name: Designation: E-Mail Id: Mobile No:	Institution Address: Village/City: Dist.: Pin Code:	
3.	Full Name: Designation: E-Mail Id: Mobile No:	Institution Address: Village/City: Dist.: Pin Code:	
4.	Full Name: Designation: E-Mail Id: Mobile No:	Institution Address: Village/City: Dist.: Pin Code:	
5.	Full Name: Designation: E-Mail Id: Mobile No:	Institution Address: Village/City: Dist.: Pin Code:	
6.	Full Name: Designation: E-Mail Id: Mobile No:	Institution Address: Village/City: Dist.: Pin Code:	
7.			
8.			

Note: All Details Are Compulsory.

Instruction:

1. It is compulsory to submit the name of Referee Panel in this form.
2. To give the name of Referee Panel in Sealed Cover.
3. Sr.No. 7 and 8 Should be Blank.

:: For Office Use Only ::

As per the Rules of Shri Govind Guru University, Godhra, the Referee Panel is approved in the Board Committee in the Subject of _____ Dated _____.

Signature: _____

Name of Chairman: _____

Board Committee of _____ Subject