



राष्ट्रीय प्रौद्योगिकी संस्थान, राउरकेला

National Institute of Technology, Rourkela

(An Institute of National Importance under Ministry of HRD, Govt. of India)

Form:NITR/AC/320

RECOMMENDATION OF EXAMINER ON Ph.D. THESIS

Name of the Candidate:

Roll No:

Title of the thesis:

1. Please give your assessment of the thesis (academic standard + volume of work) in the form of a detailed report highlighting strength, weaknesses and suggestions for improvement.
2. In addition to the detailed report, please give your specific recommendation by marking a cross mark on any one of the following options.

The thesis meets the academic standard necessary for award of Ph.D. degree in institutions of higher learning around the world. It may be accepted in its present form. Questions raised in the report may be clarified at the time of viva voce.

OR

The thesis is acceptable subject to minor modifications and correction of errors as suggested in the report. No major modification of scientific, technical or conceptual contents is suggested. After modification/correction, the thesis need not be referred back to me.

OR

The thesis is acceptable subject to enhancement/modification of scientific/technical content or substantial revision of text as per enclosed details. After modification and scrutiny by Institute committee **the thesis need NOT be referred back to me.**

OR

The thesis is acceptable subject to enhancement/modification of scientific/technical content or substantial revision of text as per enclosed details. After modification **the thesis should be referred back to me for final assessment.**

OR

The thesis does not meet the standards of comparable works in institutions of higher learning. It is **rejected.**

Note: We expect to receive your reports (summary + detailed report, original and signed) within six weeks counted from the date of your receiving the thesis. We shall be grateful if you kindly give early attention to this thesis in spite of your other commitments. The hard copy of the thesis need not be returned to the institute unless it contains instructions for correction.

Name of the Examiner:

Signature:

Date:

Affiliation:

Please return it to:

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