

## Proposed List of Ph.D. Examiners for Approval of the Vice-Chancellor

*Name of the Scholar :* MAST MAULA (ID: 2018xxxx)

*Name of the Centre :* CENTER FOR THEORETICAL PHYSICS

*Name of the Supervisor/Co-Supervisor(s) :* NIKAT DRISHTI

*Title of Ph.D. Thesis :* A Myopic View of the Universe and its Evolution

*Broad Area of Specialization :* Cosmology

### Proposed List of Ph.D. Examiners:

| S.No. | Name of Examiner*  | Approval for thesis evaluation | Approval for Viva-voce Examination |
|-------|--|--------------------------------|------------------------------------|
| 1.    | Prof. ABCD<br><i>Designation:</i> Professor<br><i>Address:</i> Department of Physics and Astrophysics, University of Delhi, Delhi 110007.<br><i>Email:</i> ABCD@gmail.com<br><i>Telephone:</i> 011-276xxxxx (res.) 011-276xxxxx (off.)<br><i>Mobile:</i> +91 99711xxxxx, +91 991093xxxxx | .....                          | .....                              |
| 2.    | Prof. EFGH<br><i>Designation:</i> Professor<br><i>Address:</i> Harish-Chandra Research Institute, Chhatnag Road, Jhansi, Prayagraj (Allahabad) 211 019.<br><i>Email:</i> ehgh@hri.res.in<br><i>Telephone:</i><br><i>Mobile:</i> +91 969xxxxxxx   | .....                          | .....                              |
| 3.    | Prof. JKLM<br><i>Designation:</i> Professor<br><i>Address:</i> Department of Physics, Jadavpur University, Kolkata.<br><i>Email:</i> jklm@gmail.com<br><i>Telephone:</i> 080-229..... (off.)<br><i>Mobile:</i> +91 98455 xxxxx   | .....                          | .....                              |
| 4.    | Prof. OPQR<br><i>Designation:</i> Professor<br><i>Address:</i> S. N. Bose National Centre for Basic Sciences, Block-JD, Sector-III, Salt Lake, Kolkata-700 106.<br><i>Email:</i> opqr@bose.res.in<br><i>Telephone:</i> +91-33-2335 5706/07/08 (off.)<br><i>Mobile:</i>                   | .....                          | .....                              |

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|----|---|-------|-------|
| 5. | Prof. XYZ<br><i>Designation:</i> Professor<br><i>Address:</i> Institute of Mathematical Sciences, CIT Campus, Taramani,<br>Chennai 600 113.<br><i>Email:</i> xyz@imsc.res.in<br><i>Telephone:</i> 044-2254xxxx (off.)<br><i>Mobile:</i> +919868xxxxxx | ..... | ..... |
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\* **Brief profiles of the proposed Examiners to be submitted on separate sheets along with the completed proforma.**

The Vice-Chancellor may kindly select:

**Two** examiners (and one alternate examiner) for evaluating the Ph.D. Thesis and out of these two, **one** examiner should be indicated for conducting Viva-Voce Examination.

(Nikat Drishti)  
 Ph.D. Supervisor  
 (Office Seal)

Prof. Tabish Qureshi  
 The Chairman CRC  
 (Office Seal)

Signature and Name of  
 The Dean  
 (Office Seal)