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**Notification for Comprehensive Examination**

**INDIAN INSTITUTE OF TECHNOLOGY ROORKEE**

**DEPARTMENT /CENTRE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The comprehensive examination/ research plan presentation of Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph.D. candidate, Enrollment No. \_\_\_\_\_\_\_\_\_\_\_\_ in this Department/centre will be held as follows:

**A\* Comprehensive examination:**

1. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B\* Research Plan presentation:**

1. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHAIRPERSON, SRC**

 **Copy through email to:** All members of SRC

**CHAIRPERSON, SRC**

**\* Note:** Separate notification is to be issued for comprehensive examination/ research plan presentation. Please delete whichever is not applicable. The two examinations should be conducted with reasonable gap in-between. Departments/Centres shall have clearly defined procedure regarding the format and evaluation of the comprehensive examination in respective specializations.