File No.-.....

The typed report, in a confidential sealed cover, should be sent herewith to the Controller of Examination, Babasaheb Bhimrao Ambedkar University, Lucknow

FORM FOR WRITING REPORT

(1) Name of the Candidate: .....

(2) Name of the Doctorial Degree: .....

(3) Subject: .....

(4) Title of Thesis:

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(5) Name of the Examiner with full Correspondence address:

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(6) After examination of the thesis, the examiner may recommend one of the following: -

(a) that the thesis be accepted for the award of the Ph.D.

OR

(b) that the thesis be re-submitted in a revised form.

OR

(c) that the thesis be rejected.

Full Signature of Examiner

REPORT