



National Institute of Technology Manipur

FORM: 8 Formation of Experts for Thesis Review

DEPARTMENT OF

Name of the Student	Enrollment No.	Date of Registration

List of reviewers

Indian Reviewer			Foreign Reviewer		
SN	Name of Reviewer	Priority	SN	Name of Reviewer	Priority
1.			1.		
2.			2.		
3.			3.		
4.			4.		

Details of Experts

INDIAN REVIEWER

FOREIGN REVIEWER

Sn **Reviewer No: 01**

(i) Name: _____

(ii) Designation: _____
Address: _____

(iii) _____

(iv) Email: _____

Sn **Reviewer No: 01**

(i) Name: _____

(ii) Designation: _____
Address: _____

(iii) _____

(iv) Email: _____

Sn **Reviewer No: 02**

(i) Name: _____

(ii) Designation: _____
Address: _____

(iii) _____

(iv) Email: _____

Sn **Reviewer No: 02**

(i) Name: _____

(ii) Designation: _____
Address: _____

(iii) _____

(iv) Email: _____

Sn Reviewer No: 03

(i) Name: _____

(ii) Designation: _____
Address: _____

(iii) _____

(iv) Email: _____

Sn Reviewer No: 03

(i) Name: _____

(ii) Designation: _____
Address: _____

(iii) _____

(iv) Email: _____

Sn Reviewer No: 04

(i) Name: _____

(ii) Designation: _____
Address: _____

(iii) _____

(iv) Email: _____

Sn Reviewer No: 04

(i) Name: _____

(ii) Designation: _____
Address: _____

(iii) _____

(iv) Email: _____

DOCTORAL COMMITTEE

Sl. No.	Name	Department	Signature
1			
2			
3			
4			
5			

Chairman DPPC

Chairman, IPPC

Note: After signature of the Chairman, IPPC, original to be kept in the personal file of the student and a photocopy copy will go to the Supervisor, department.