



**Ph.D. FINAL VIVA-VOCE &
PRESENTATION EXAMINATION FORM**

Batch: _____

Month/Year of Exam: _____

I. PERSONAL & ACADEMIC DETAILS

Full Name of Scholar: : _____
(As per Post-Graduation Degree Certificate)
University Enrolment Number : _____
Gender : [] Male [] Female
Subject Speciality : _____
Faculty : _____
Mobile No : _____
Email: : _____

II. RESEARCH INFORMATION

Title of Thesis: _____

Name of Research Guide: _____

III. Ph.D. FINAL VIVA-VOCE EXAM FEE PAYMENT DETAILS

Transaction ID / Receipt No : _____

Date : _____

IV. DECLARATION BY THE SCHOLAR

I hereby declare that I have completed my research work as per university norms and all information provided above is true to the best of my knowledge. I will remain present for the Viva-Voce at the scheduled time.

Date : _____

Place : _____

(Signature of Scholar)



MAGANBHAI ADENWALA MAHAGUJARAT UNIVERSITY

Note: Please attach a copy of Ph.D. final viva-voce exam Fee Payment Receipt with this form.

V. For Office Use Only

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Approved by

The Dean/ Head

VI. FOR UNIVERSITY OFFICE USE ONLY (FINAL VERIFICATION)

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- A. Fee Payment Receipt attached? Yes No
If Yes Transaction No. _____
- B. Eligibility & Recommendation Verification Status: Verified Not Verified
- C. Final University Approval Status: Approved Not Approved

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