



राष्ट्रीय प्रौद्योगिकी संस्थान अगर्तला
NATIONAL INSTITUTE OF TECHNOLOGY AGARTALA

CHANGE OF EXAMINER(S) IN COMPREHENSIVE EXAMINATION COMMITTEE

Form NITA/ACAD/PhD/7(A)

DEPARTMENT OF.....

Name of the Student	Enrollment No.	Date of Enrollment

Thesis Supervisor(s)	Date of Examination
1.	
2.	

EXISTING COMPREHENSIVE EXAMINATION COMMITTEE

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

The following member(s) from the above list is/are changed

Sl. No.	Name	Department	Reason for Change
1			
2			
3			

The following new member(s) is/are included in the EXAMINATION COMMITTEE

Sl. No.	Name	Department
1		
2		
3		

Chairman, DPPC

Dean (Academic)

Note: After signature of the Dean (Academic), the original copy to be kept in the personal file of the student and a photocopies to be sent to the Supervisor, department.