

3.5 Format of intimation to AGSRD for PhD Qualifying Examination

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, _____

CAMPUS

DEPARTMENT OF _____

To,

Associate Dean, AGSRD

-----campus

The Department will be conducting PhD qualifying examination as per following-

- 1. Date of Examination- From.....to.....**
- 2. Room number.....**
- 3. List of candidate who will be appearing in the examination-**

SI No	ID No/ Application No/ PSRN	Name	First attempt/ second Attempt	Name of two PhD qualifying areas
				1. 2.
				1. 2.

(Name)_____

(DRC Convener)

Date:

(Name)_____

(HOD)

Date: