



INDIAN INSTITUTE OF PETROLEUM AND ENERGY

Visakhapatnam

| | | | | | |
|---|---|------------------------------------|--|-----------------------------|--|
| Comprehensive Exam Report | | | Exam Mode: <i>Oral</i> <input type="checkbox"/> <i>Written</i> <input type="checkbox"/> | | |
| 01 | Name of Research Scholar | | | | |
| 02 | Department and Branch | | | | |
| 03 | Roll No. | | Date of Admission | DD/MM/YYYY | |
| 04 | Date of Comprehensive Examination | DD/MM/YYYY | | | |
| 05 | List of courses suggested by DSC and Cleared by Scholar | | | | |
| Sl. No. | Course Name | Course Type | Credit | Grade | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 06 | Eligibility Criteria | | | | |
| Total Credits Assigned | | | Total Credits Completed | | |
| Completed the Assigned Courses (Put ✓ mark) | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 07 | Result of Comprehensive Examination | SATISFACTORY/UNSATISFACTORY | | | |
| Remarks: | | | | | |

Signature of DSC Members present during Comprehensive Examination:

| Name & Dept. | Position | Signature | Name & Dept. | Position | Signature |
|--------------|------------|-----------|--------------|------------------------------|-----------|
| | Supervisor | | | Supervisor/ Co-Supervisor | |
| | Member | | | Member | |
| | Member | | | Member | |
| | Member | | | Chairperson | |

FOR OFFICE USE ONLY

| | | |
|--|------------------------------|-----------------------------|
| Verified Course work details | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Verified course credits earned by Research Scholar | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Observations (if any) | | |

Dealing Assistant

DOAA

Date: _____