Form No: PH.D.:14

 

 **INDIAN INSTITUTE OF PETROLEUM AND ENERGY**

 **Visakhapatnam**

**STATEMENT OF CORRECTIONS FOR REVISION OF PH.D. THESIS**

**(To be submitted at the time of Revised Thesis Submission)**

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| --- | --- | --- |
| 1. | Name of Scholar |  |
| 2. | Roll No. |  | Date of Ph.D. Admission | DD/MM/YYYY |
| 3. | Registration Status of the Scholar (Put √ Mark) | Full-Time |  | Part-Time |  | External |  |
| 4. | Department |  | Branch (if any) |  |
| 5. | Title of Thesis of Synopsis Seminar |  |

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| **Examiner: 1** |
| **S. No.** | **Observation** | **Compliance** | **Reference Page No.** | **\*Annexure No.** |
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|  |  |  |  |  |

\* Attach copy of all pages of the revised thesis, where corrections are made, as Annexure.

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| **Examiner: 2** |
| **S. No.** | **Observation** | **Compliance** | **Reference Page No.** | **\*Annexure No.** |
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\* Attach copy of all pages of the revised thesis, where corrections are made, as Annexure.

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| **Examiner: 3** |
| **S. No.** | **Observation** | **Compliance** | **Reference Page No.** | **\*Annexure No.** |
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|  |  |  |  |  |

\* Attach copy of all pages of the revised thesis, where corrections are made, as Annexure.

**Certified that all suggestion/modifications as suggested by examiners are incorporated in the revised thesis. And the Soft-copy of the revised thesis is enclosed.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Scholar

The revised thesis incorporates all corrections/modifications as suggested by Foreign and Indian Examiners:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name (Department) | Position | Signature | Name (Department) | Position | Signature |
|  | Supervisor |  |  | Chairperson |  |
|  | Member (Dept.) |  |  | Member (Dept.) |  |
|  | Member (Sister Dept.) |  |  | Member (Sister Dept.) |  |
|  | Co-Supervisor (if any) |  |  | External Co-Supervisor (if any) |  |

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|  |  |  |
| --- | --- | --- |
| Statement of Correction is submitted with all required documents | ☐ Yes | ☐ No |
| Soft Copy of Revised Thesis Submitted | ☐ Yes | ☐ No |
| Observations, if any |  |

Dealing Assistant

**DOAA**

**DIRECTOR**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_