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Viva Voce presentation form

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| **Name of the Student** |  |
| **Registration No. and Date** |  |
| **University name** |  |
| **Title of the Thesis** |  |
| **E-mail address of the student** |  |
| **Contact details of the student** |  |
| **Supervisor (s) Name with designation** |  |
| **External examiner’s name, address and contact details (e-mail and phone)** |  |
| **Viva voce presentation date** |  |
| **Viva voce presentation time** |  |

**It is requested to kindly give at least ten (10) days advance notice so all necessary requirements/steps can be completed for a smooth Viva-voce by the student. Final viva-voce require multiple levels of communication to the external examiner and the University and require some time. Requested to kindly give the advance notice so these processes can be completed properly**

**Duly filled form may kindly be sent to the NOEA (****noea@wii.gov.in****) with a copy to** **samrat@wii.gov.in** **and** **lallian@wii.gov.in**