**FORM-21**



क्षेत्रीय जैवप्रौद्योगिकी केन्द्र

**REGIONAL CENTRE FOR BIOTECHNOLOGY**

**CONFIDENTIAL**

**THESIS *VIVA VOCE* REPORT**

1. **Academic Programme:**
2. **Name of Student:**
3. **Registration Number:**
4. **Title of PhD Thesis :**
5. **Date and Venue of *viva-voce* :**
6. **Report of the Examiner** **:**
7. **Recommendation. Please tick √ one of the following:**

Recommended for Award of PhD Degree.

Recommended for Re-Examination.

Not Recommended.

**Signature of Guide Signature of Examiner**

**Name Name**

**Date Date**