

Permission to use Video Conferencing for Ph.D. / MSc. (Engg.) by research Final Viva-Voce Examination

(As per Notification: No. VTU/PS/2020-21/86, dated 12-05-2020)

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|--|--|-------------|
| Research Scholar's Name | | USN: |
| Contact No. and E-mail: | | |
| Name of College / Institute | | |
| Research Centre (Dept.) | | |
| Title of the research (As approved by VTU) | | |
| Date and Time of Viva (Proposed/ Fixed) | | |

| Sl. No | Viva Exam Board | Name and Designation | College/Organization, Address, e-mail, Mobile | Signature with date (or attach email acceptance letter) |
|---------------|---|-----------------------------|--|--|
| 1 | Research Supervisor (Chairperson) | | | |
| 2 | Co-Supervisor , if any (Co-Chairperson) | | | |
| 3 | Identified Adjudicator (External Examiner) | | | |

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| <p>1. Please state why you wish to request the use of video-conferencing at the viva examination. Please refer to the Notification regarding Guidelines on the Use of Video-Conferencing for viva Examinations, dated 12/05/2020.</p> |
| <p>2. Please state details of proposed arrangements for use of video conferencing in the viva examination (Online platform, location of members etc).</p> |

Note: By signing or through email acceptance, members confirm and agree to the remote viva examination via Video-Conferencing and agreed to the guidelines.

Co-Supervisor (if applicable)

Supervisor

**Ph.D. / MSc. (Engg.) by research Final Viva-Voce Examination
Video Conference Report**

(As per Notification No. VTU/PS/2020-21/86, dated 12-05-2020)

| | | |
|--|--|-------------|
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| Contact No. and E-mail: | | |
| Name of College / Institute | | |
| Research Centre (Dept.) | | |
| Title of the research (As approved by VTU) | | |

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|--|--|
| Date of Viva | |
| Time of Viva | |
| Online platform used | |
| Video conference Meeting ID details | |

| Sl. No | Viva Exam Board | Name and Designation | College/Organization, Address, e-mail, Mobile / From where attended | Signature with date |
|---------------|--|-----------------------------|--|----------------------------|
| 1 | Research Supervisor (Chairperson) | | | |
| 2 | Co-Supervisor , if any (Co-Chairperson) | | | |
| 3 | Identified Adjudicator (External Examiner) | | | |

Note: Submit the video conference report, including video record in CD form and viva report signed by the Examiners to the Registrar (Evaluation).