## ADIKAVI NANNAYA UNIVERSITY :: RAJAHMUNDRY PANEL OF EXPERTS FOR PRE-PhD EXAMINATION

Name of the			Reg. No.	
Scholar			Regular/EMR	
			Full time/Part-time	
Department of:				
Title of thesis			Field of	
			Study/specialization	
Name of Guide and		Name of Co-		
Address		Guide and		
		Address		

S. No	Name, Designation and Office address of the Expert	Residential Address of the expert	Contact Phone No. and E-mail Id	Fields of specialization	Years of experience
1					
2					
3					
4					
5					
6					
7					
8				_	

Signature of the Guide	Signature of Co-Guide	Signature of Chairman-BOS
Date:	Date:	Date: