

ADIKAVI NANNAYA UNIVERSITY:: RAJAHMUNDRY
PANEL OF EXPERTS FOR EVALUATION OF Ph.D. Thesis

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

Panel from Andhra Pradesh

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					

Panel from Out of Andhra Pradesh

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1					
2					
3					

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