

**West Bengal University of Health Sciences  
Ph. D. Thesis Evaluation Report**

Name of the Candidate : .....

Title of the thesis :

.....  
 .....  
 .....

Recommendation of the examiner :

1. Recommended

2. Recommended for resubmission  
(after modifications as suggested)

3. Not recommended

Detail report :

		Adequate	Marginal	Not included
Title	Appropriateness			
	Clarity and brevity			
Introduction	Purpose of Study			
	Mention of lacunae in current knowledge			
	Hypothesis, if any			
Review of Literature	Relevance			
	Up to date			
Objective(s)	Clarity			
	Specified in observable & measurable manner			
Methods	Mention of type of study			
	Sample adequacy & sampling design			
	Details of materials and experimental design			
	Procedures used for data Collection			
	Statistical methods			

	<b>employed</b>			
	<b>Statement of limitation</b>			
	<b>Mention of ethical issue involved</b>			
<b>Observation &amp; Result</b>	<b>Local organization in readily identifiable section</b>			
	<b>Correctness of data analysis</b>			
	<b>Appropriate use of charts, table, graphs figures, etc.</b>			
	<b>Statistical interpretation</b>			
	<b>Objectivity of interpretation</b>			
<b>Discussion</b>	<b>Relevance within framework of study and appropriateness for date</b>			
	<b>Interpretation of implication of result</b>			
	<b>Statement of limitation of interpretation</b>			
	<b>Mention of new questions raised</b>			
<b>Reference</b>	<b>Citations &amp; Presentations appropriate</b>			
<b>Appendices</b>	<b>Whether all required annexures and appendices are included e.g. the data collection tools, Ethical clearance, consent form, etc.</b>			

**Comments (if any) :**

.....

.....

.....

.....

.....

**Signature of Examiner**

**Name & Designation**



**THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES**

DD – 36, Sector – 1, Salt Lake, Kolkata - 700 064

Website: - <http://www.thewbuhs.in> ; EPBX: -(033) 2321-3461 / 2334-6602; Fax: 2358- 0100

Prof.(Dr.)Sri/Smt./Ms.....  
My remuneration as Ph. D. Thesis evaluation/Ph.D. Seminar  
Paper Setter/Moderator/Scrutiner/HeadExaminer/Tabulator/Observer/Adjudicator  
in connection with the ..... Examination,201.....

As per remuneration statement attached herein below :

Rate per Unit Rs.	No. of Units	Total Rs.
Rs. 1000.00		

(Rs.....  
.....)

(as per University's rules)

Name in Full (in Block Letters) :

Signature in full :

Official Designation :

Address (in Block Letters) :



Bank Details : (in block letter)

1. Name of the Account holder :
2. Name of the bank :
3. Account Number :
4. IF SC Number :

Date

\_\_\_\_\_  
Signature of evaluator

(FOR USE IN THE AUDIT AND ACCOUNTS OFFICE)

Checked and passed for  
Rupees(Rs,.....)Rupees.....  
..

.....

and .....P. only