

**Proforma (A) for obtaining permission to conduct Viva-Voce Examination
through Video Conference***

(To be furnished not less than 20 days before the date of Viva Voce Examination)

Name of the Research Scholar,					
Contact Number and Email of the Research Scholar		Registration Number		Subject	
Name of Department/School/ College/ Research Centre					
Research Title approved by MKU					
Proposed /Fixed date, time and venue of Viva Voce Examination					
Application / Software to be used					
Video Conference ID details					

Viva-Voce Board Members	Name and Designation	Address and contact details with mobile number and email.
Research Supervisor (Convenor)		
Co-Supervisor, if any		
External Member		

*Please refer to the notification before filling the proforma.

Signature of the Supervisor
(with name and official seal)

Signature of the H.O.D.
(with name and official seal)

Signature of Chairperson/Principal/
Director of the Research Centre
(with name and official seal)