

APPOINTMENT OF EXAMINERS FOR M.Phil /Ph.D PROGRAME

Board of Study			
Name of the Student			
Registration Number			
Tentative title			
DETAILS OF THE SUPERVISOR/S			
01	Name		
	Affiliation		
	Email Address		
	Mobile Number		
02	Name		
	Affiliation		
	Email Address		
	Mobile Number		
DETAILS OF THE THESIS EXAMINER/S			
01	Name		
	Affiliation		
	Qualifications		
	Email Address		
	Mobile Number		
02	Name		
	Affiliation		
	Qualifications		
	Email Address		
	Mobile Number		
DETAILS OF THE ORAL EXAMINER			
01	Name		
	Affiliation		
	Qualification		
	Email Address		
	Mobile Number		
Chairman /Board of Study	Name:		
	Signature	Date:	DD/MM/YYYY