Appointment of Examiners (M.Sc. Programmes)

Board of Study in ……..

M. Sc. in…….

Name and the Registration No. of the student	***Tentative Title***	***Name and affiliation of the Supervisor/s***	***Name, qualifications and the affiliation of the 1. Report Examiner 2. Oral Examiner/s***

……..…….. ……..

Course Coordinator Date

……..…….. ……..

Chairman / Board of Study Date