

**Appointment of Examiners (M.Sc. Programmes)**

Board of Study in .....

M. Sc. in.....

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

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Course Coordinator

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Date

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Chairman / Board of Study

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Date