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| **APPOINTMENT OF TEACHERS FOR MASTERS DEGREE** **PROGRAMMES (SLQF Level 9)** |
| Board of Study |  |
| M.Sc. Programme |  |
| Academic Year |  |
|  |
| **CATEGORY I : LECTURERS** |
| **Details of Lecturers** | **Area of Specialization** |
| 01 | Name |  |  |
| Affiliation |  |
| Qualifications |  |
| Email Address |  |
| Mobile Number |  |
|  |  |  |  |
|  02 | Name |  |  |
| Affiliation |  |
| Qualifications |  |
| Email Address |  |
| Mobile Number |  |
|  |  |  |  |
| 03 | Name |  |  |
| Affiliation |  |
| Qualifications |  |
| Email Address |  |
| Mobile Number |  |
|  |  |
| **CATEGORY II: OUTSIDE EXPERTS** |  |
| **Details of Outside Experts** | **Area of Specialization** |
|  01 | Name |  |  |
| Affiliation |  |
| Qualifications |  |
| Email Address |  |
| Mobile Number |  |
|  |  |  |  |
| 02 | Name |  |  |
| Affiliation |  |
| Qualifications |  |
| Email Address |  |
| Mobile Number |  |
|  |  |  |  |
| **CATEGORY III: DEMONSTRATORS** |
| **Details of Outside Experts** | **Area of Specialization** |
| 01 | Name |  |  |
| Affiliation |  |
| Qualifications |  |
| Email Address |  |
| Mobile Number |  |
|  |
| 02 | Name |  |  |
| Affiliation |  |
| Qualifications |  |
| Email Address |  |
| Mobile Number |  |
|  |  |  |  |
| Comments | Subject to approval of the Board of Study / Approved at the  Board of Study |
| Programme Coordinator/s | Name/s:  |
| Signature/s  | Date: | DD/MM/YYYY |
| Chairman Board of Study  | Name/s:  |
| Signature/s  | Date: | DD/MM/YYYY |

**Outside Experts:** Experts having experience in a particular discipline with no postgraduate qualifications. (A CV giving educational qualifications and experience is needed for each person).

**Demonstrators:** A Copy of the degree certificate and a brief CV are needed. In the case of M.Phil. students PGIS Registration Number should be stated.

(Please submit the teaching panel before the commencement of the M.Sc. Programme. Please also send an electronic copy to (ar@pgis.lk)