

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

Board of Study		
Name of the Student		
Registration Number		
Tentative Title		
SUPERVISOR/S		
1	Name Affiliation Email Address Contact Number	
2	Name Affiliation Email Address Contact Number	
THESIS EXAMINER/S		
1	Name Affiliation Qualifications Email Address Contact Number	
2	Name Affiliation Qualifications Email Address Contact Number	
ORAL EXAMINER		
1	Name Affiliation Qualification Email Address Contact Number	
Comments	Subject to approval of the Board of Study/ Approved at the Board of Study	
Chairperson of Board of Study	(Name)	
	(Signature)	(Date) DD/MM/YYYY