

List of Suggested External Examiners for MS (By Research) Thesis

Name of the student _____

Roll No. _____

Department/IDP _____

Month and Year of first registration in the Programme: _____ / _____

(Month)

(Year)

Thesis Title: _____
(in capitals)

Thesis Supervisor(s): _____

Names of Examiners with Affiliations (use additional sheets for address//phone/e-mail)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Thesis Supervisor(s)

Date:

FORWARDED

Convener, DPGC

Date:

Head of Department

Date:

Chairperson, SPGC

Date:

Approved

Chairman, Senate

Date: