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| **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 |