|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |