

Confidential

M.Sc. FORM 8



ಕೃಷಿ ಮತ್ತು ತೋಟಗಾರಿಕೆ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಶಿವಮೊಗ್ಗ
UNIVERSITY OF AGRICULTURAL AND HORTICULTURAL SCIENCES, SHIVAMOGGA
Directorate of Postgraduate Studies

Proposal for Nomination of External Examiner/s for Thesis Evaluation

1. Mr. / Ms E-mail
Mob. No. ID.No admitted for M.Sc.
degree programme during the year and majoring in
has
completed the course requirements and passed in the Qualifying
Examination.

2. His / her Grade Point Average is
3. The title of his / her Thesis is

A panel of names with their addresses (including phone No. and Email ID)
for nomination as External Examiners for evaluation of thesis is furnished
here under.

1. Dr. 2. Dr.

Email. Id:

Email. Id:

Mob. No:

Mob. No:

3. Dr.

Email. Id:

Mob. No:

P.T.O.

Date:
Email. Id:
Mob. No:

Signature of the Chairperson

Submitted to the Dean (PGS), UAHS, Shivamogga for kind information and further needful.

Date:
Email. Id:
Mob. No:

Signature of the
Head of the Department

Dr. _____ is approved for nomination as
External Examiner.

Date: _____ Dean (PGS)

NB: Please submit two copies of Form No. 8.