



M.Sc

FORM 8

Confidential

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

PROPOSAL FOR NOMINATION OF EXTERNAL EXAMINER FOR THESIS EVALUATION

1. Mr. / Ms. Email I.D.
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 Examiner for evaluation of thesis is furnished here under.

Name

Designation and Full Address

1. Email I.D.
Mob. No.

2. Email I.D.
Mob. No.

3.

Email I.D.
Mob. No.

Date: / /

Signature of the Chairperson
Email I.D.
Mob. No.

Submitted to the Dean (PGS), University of Agricultural and Horticultural Sciences, Shivamogga in duplicate for kind information and further needful.

Date: / /

Signature of the
Head of the Department
Email I.D.
Mob. No.

1. Dr.

is approved as external examiner.

Date: / /

Dean (PGS)