



ಕೆಲದಿ ಶಿವಪ್ಪ ನಾಯಕ ಕೃಷಿ ಮತ್ತು ತೋಟಗಾರಿಕೆ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಇರುವಕ್ಕಿ, ಶಿವಮೊಗ್ಗ  
**KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND  
 HORTICULTURAL SCIENCES, IRUVAKKI, SHIVAMOGGA**

**Directorate of Postgraduate Studies**

**Proposal for appointment of external examiners for evaluation of Thesis**

1. Name of the Student and ID No. : \_\_\_\_\_  
 2. Department and Year of Admission : \_\_\_\_\_  
 3. Date of Notification of Candidacy Declaration: \_\_\_\_\_  
 4. CGPA : \_\_\_\_\_  
 5. Tentative Thesis Title : \_\_\_\_\_

6. Proposal for Nomination of External Examiner:

Name and Designation	Complete Postal Address	E-mail ID and phone number/s
i)		
ii)		
iii)		
iv)		
v)		

Date :

Chairperson

Submitted to Dean (PGS), KSNUAHS, Shivamogga for further needful.

Date:

Head of the Department

Dr. \_\_\_\_\_ is approved for nomination as external examiner.

Date:

Dean (PGS)

NB: 1. Please submit two original copies of Form-6.