



**ಕೆಲಾದಿ ಶಿವಪ್ಪ ನಾಯಕ ಕೃಷಿ ಮತ್ತು ಹೂವುಗಳ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಶಿವಮೊಗ್ಗ
ಇರುವಾಕಿ ಕ್ಯಾಂಪಸ್**

**KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND HORTICULTURAL
SCIENCES, SHIVAMOGGA
IRUVAKKI CAMPUS**

Directorate of Post Graduate Studies

Proposal for nomination of additional member for qualifying examination

1. Department : _____
2. Names of the candidates who have completed > 75 % of course work and qualified for qualifying examination along with grade point.

Sl. No.	ID no.	Name	CGPA
1.			
2.			
3.			
4.			
5.			
6.			

3. Proposal for nomination of additional (External) member:

Name	Designation and Complete Postal Address with e-mail ID. and Phone number/s
1)	
2)	
3)	
4)	
5)	
6)	

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

Date:

Head of the Department

Dr. _____ is approved for nomination as external examiner

