



**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 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.