



ಕೆಲಾದಿ ಶಿವಪ್ಪ ನಾಯಕ ಕೃಷಿ ಮತ್ತು ಹೂಡಿಕೆ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
«eÁÕ£ÁUÀ¼Á «±Áé«zÁâ®AiÄÄ, ²ÄÄéÆEUÄÎ
EgÄÄ²AQÌ D²AgÀt

**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)	

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

Date:

Head of the Department

Dr. _____ is approved for nomination as external examiner

