



**ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ
ಕೃಷಿ, ಹೂವು ಮತ್ತು ಮರಗಳ ವಿಜ್ಞಾನ
ಶಿವಮೊಗ್ಗ ಕ್ಯಾಂಪಸ್**

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

Directorate of Post Graduate Studies

Report of examining committee for the qualifying examination

1. Name of the Student and ID No.: _____
2. Department and Year of Admission : _____
3. Date and Time of Examination : _____
4. Result of the Examination (Written/Oral)

Particulars	Maximum marks	Marks obtained	Average (100.00)	Grade point (10.00)
Result of the examination (Written):	100.00			
Result of the examination (Oral):	100.00			

Grade point in word:

5. Advisory Committee

	Name	Signature
A. Chairperson :	_____	_____
B. Co-Chairperson :	_____	_____
C. Nominated Additional External Examiner :	_____	_____
D. Members present :	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____
E. Members absent :	_____	

Date:

Chairperson

Forwarded to Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Date:

Head of the Department

Forwarded to Dean (PGS) for further action

Date:

Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Approved and forwarded to the Director of Education for approval

No. Dean (PGS)/ KSNUAHS/ Form-5/.....

Date:

Dean (PGS)

“APPROVED”

Date:

Director of Education

To,

The Registrar, KSNUAHS, Shivamogga for Notification.

Remarks

Registrar

NB: 1. Please submit three original copies of Form-5.