



[Form No. P-12]

Request for Appointment of External (local) Examiners for PhD Defense

1. Student's name:	2. Registration number:
3. Degree program:	4. Session:
5. Department:	6. Faculty:
7. Thesis title: _____	

The above student has completed the requirements mentioned in his/her plan of study. Members from the following list may be requested to serve as his/her PhD thesis Examiners:

Name and designation	Complete postal address with email address
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Supervisor (Name) _____ Signature/Date _____

It is requested to Vice Chancellor to appoint any two out of the above mentioned examiners for thesis review and evaluations.

Head of the department (Name) _____ Signature/Date _____

Vice Chancellor: