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Name of the st	udent:		
Roll No	Reg. No:	Session:	, Program: (MS/MBA)
Semester of firs	st enrollment:	, Departmen	nt:,
	_		
	of Thesis/Internship Re		
Sl. No.	Name and Contact Address		Contact Number
	out of four examiners and on inated by Dean, PGS)	e examiner out of three examine	rs respectively for MS and MBA degree
Chairman, Rele	vant academic committe	e	
Dept. of			
	examiners are as follows		
Mr. /Mrs			
Mr. / Mrs			
			Dean, Postgraduate Studies

, &

Note Bane: 1. The proposed examiners of thesis/internship report will be from amongst recognized MS/MBA supervisors respectively.

2. Supervisor and Co-supervisor shall not be the examiners of thesis/internship report of the students under their guidance.

Please produce three copies (Copy for Department, Copy for Controller of Examination and Copy for PGS) and send it to the Dean, PGS