***Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Government College University, Faisalabad***

***Phone # 041-***

*Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref No. GCUF/ /25/*

***Subject: Panel For External Examiners MS/M.phil***

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| --- | --- | --- |
| **Student’s Detail** | | **List of External Examiners** |
| **Student Name** | Mr./Ms. | **1 .Examiner Name:**  Designation:  Department:  University:  Postal address:  Email address:  Phone NO.  **2 . Examiner Name:**  Designation:  Department:  University:  Postal address:  Email address:  Phone NO.  **3 . Examiner Name:**  Designation:  Department:  University:  Postal address:  Email address:  Phone NO. |
| **Roll No.** |  |
| **Session** |  |
| **Supervisor**  **Name** |  |
| **Thesis Title** |  |

It is certified that these External Examiners are Approved from BOS.

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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