**DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Government College University Faisalabad

Ref # GCUF/ / Date: \_\_\_\_\_\_\_\_\_

**PANEL LIST OF FOREIGN EVALUATORS FOR PHD THESIS EVALUATION**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_ Regd No. \_\_\_\_\_\_\_\_\_\_\_\_

Session: \_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Thesis Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST OF FOREIGN EVALUATORS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Name of Foreign Evaluator with Designation | University Name with Address | Official Email Address | Country |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

* It is certified that the external evaluators have been approved by the BOS and it is also

 verified that the examiners have been taken from HEC approved advanced countries list.

* None of the external evaluator is previously supervised the candidate or the supervisor of the supervisor.
* None of the external evaluator is IRSIP supervisor.

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

Sign with Stamp Sign with Stamp

**DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Government College University Faisalabad

Ref # GCUF/ / Date: \_\_\_\_\_\_\_\_\_

**PANEL LIST OF LOCAL EXAMINERS FOR PHD THESIS EVALUATION**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_ Regd No. \_\_\_\_\_\_\_\_\_\_\_\_

Session: \_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Thesis Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST OF LOCAL EXAMINERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Name of Local Examiner with Designation | University Name with Address | Official Email Address | City |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

* It is certified that the local examiners/evaluators have been approved by the BOS.

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

Sign with Stamp Sign with Stamp