DEPARTMENT OF _____

GOVERNMENT COLLEGE UNIVERSITY, FAISALABAD

Phone # 041-

Dated: _____ *Ref No. GCUF/ /25/*

SUBJECT: PANEL FOR EXTERNAL EXAMINERS MS/M.PHIL

Student's Detail		List of External Examiners
STUDENT NAME	MR./MS.	**1 .EXAMINER NAME:** DESIGNATION: DEPARTMENT: UNIVERISTY: POSTAL ADDRESS: EMAIL ADDRESS: **2 . EXAMINER NAME:** DESIGNATION: DEPARTMENT: UNIVERISTY: POSTAL ADDRESS: EMAIL ADDRESS: **3 . EXAMINER NAME:** DESIGNATION: DEPARTMENT: UNIVERISTY: POSTAL ADDRESS: EMAIL ADDRESS:
ROLL NO.		
SESSION		
SUPERVISOR NAME		
THESIS TITLE		

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

_____
Signature of Supervisor with Stamp

_____
The Chairperson,
Department of