Confidential Form: 1

ANAND AGRICULTURAL UNIVERSITY, ANAND

Faculty of Post Graduate Studies

	College:			
	Proposal for	Appointment of Exar	niners for Thesis Evaluation	
1.	Name of the candidate : _			
	(As per registration)			
2.	. Degree: 3. (A) Major Subject:		r Subject:	
			Subject:	
4.	Registration No Date :			
	. Title of the Thesis:			
6.	Expected date of submissio	n of the thesis:		
	No. of total credits completed:			
8.	Whether following requirements are completed or not:			
	(a) Course work and other residential requirements : Yes/No			
	() ()		: Yes/No/NA	
	(c) Passing of preliminary examination		: Yes/No	
	(d) Completion of course work		: Yes/No	
	(e) Submission of agreement/Surety Bond		: Yes/No/NA	
	(in case of in-service)			
9.	Proposed External Examiners for the thesis:			
	Sr. Name & Des	ignation	Address	
	No.			
	1			
	2			
	3			
Signature of Major Guide			Signature of Head of the Department	
			Principal & Dean	
No.:			. r.	
Da	ate:			

Copy F.W.Cs. to:

- 1. The Director of Research and Dean PG Studies, Anand Agricultural University, Anand
- 2. The Registrar, Anand Agricultural University, Anand, with a request to appoint the external examiners for the thesis
- 3. The Major Advisor concerned