

Confidential

**Panel for appointment of External Examiner for Undergraduate Programmes
of Basic Sciences under National Education Policy**

(See Academic Regulation No. 23.10.1)

1. Name of the Department :
2. Course No. & Title :
3. Session :
4. Semester :
5. Number of student(s) :
6. Details of Examiners :

Sr. No.	Name and Designation of the Examiner	Address (including contact number & email ID)
1		
2		
3		
4		

Certified that the above panel is in accordance with the Academic Regulation 23.10.1 governing Appointment of External Examiner in System of Examination for Undergraduate Programmes under National Education Policy.

Signature of Course Instructor (with Date)

Endst. No.

Dated:

Forwarded to the Dean, College of Basic Sciences, CSKHPKV, Palampur for information & necessary action please.

Head of the Department