



**5. Name & Addresses of the External Examiners / Evaluator proposed with their Tel. No. / Fax No. / Email Address**

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
- \_\_\_\_\_

6. Certified that the student has delivered thesis seminar on \_\_\_\_\_ and the Advisory Committee has recommended submission of the thesis. The student has completed approved courses, credit hours, residential & other requirement as per University Regulations

Date: \_\_\_\_\_  
Major Advisor

Signature of

Recommended and forwarded, in duplicate, to Joint Director (Academic)

Signature of Head  
Division of \_\_\_\_\_

