1. Name of the student:
2. Admission No.:
3. Major Field:
4. Minor Field:
5. No. & date of the approval of the

Programme of study:

1. No. & date of the approval of the

Subject of Thesis:

1. Title of the Thesis:
2. Date of successful completion of the

comprehensive examination:

1. Likely date of submission of thesis:
2. Panel proposed by the Major Advisor:

|  |  |  |  |
| --- | --- | --- | --- |
| **Si. No.** | **Name** | **Address****(including contact number & email-id)** | **Field of Specialization** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

1. Panel recommended by the Head of the Department with addition, if any:

|  |  |  |  |
| --- | --- | --- | --- |
| **Si. No.** | **Name** | **Address****(including contact number & email-id)** | **Field of Specialization** |
| 1 |  |  |  |

Certified that the above panel is in accordance with the Academic Regulation 7.14.1 governing Appointment of External Examiner.

 Signature of the Head of the Department

Dated:

Endst. No.

Forwarded to the Director, Resident Instruction-cum-Dean, Postgraduate Studies, BASU, Patna for information & necessary action please.

 Head of the Department