

Change of Examiner

Department : Date:

Name of the Exam :

Course code & Name :

Dates of Exam :

Name of the examiner :

How contact was made with examiner: email/phone/.....

What is the response of the examiner:

.....
.....

Name of the alternate examiner:

Alternate examiner is in panel of examiner for this course: Yes /No

If No provide the following details:

a) Educational qualifications:.....

b) Experience in years teaching this course :

c) Total teaching experience in years:

d) Email ID and Cell no. of the examiner:.....

e) Name of the institute:.....

d) Consent of BOS Chairman to include this examiner in panel: Yes / No

Name & Signature of

Department Exam Coordinator

Name & Signature of

B.O.S. Chairman

Dr. S. K. Patil

Dean Academics