



Office of the Chairman,
Department of _____

No. _____ Dated ____ / ____ / 20__

The Controller of Examinations,
Cholistan University of Veterinary & Animal Sciences,
Bahawalpur

Panel of Examiners for M.Phil. Thesis Evaluation

Name of Student _____
Father's Name _____
Regd. No. & Discipline _____
Title of Thesis _____

Supervisory Committee

1. Supervisor _____
2. Co-supervisor _____
3. Member _____
4. Member _____

Please find attached herewith Panel of Examiners of an M.Phil. student of this Department as approved in meeting of Board of Studies held on _____ / _____ / 20__ at _____ : _____ AM / PM.

1. **Name of Examiner** _____
 Designation _____
 Experience _____
 Detail of Degrees _____
 Institution _____
 Address _____
 Phone & e-mail _____

2. **Name of Examiner** _____
 Designation _____
 Experience _____
 Detail of Degrees _____
 Institution _____
 Address _____
 Phone & e-mail _____

3. **Name of Examiner** _____
 Designation _____
 Experience _____
 Detail of Degrees _____
 Institution _____
 Address _____
 Phone & e-mail _____

Chairman,
Board of Studies, Deptt. of _____,
Cholistan University of Veterinary & Animal Sciences, Bahawalpur