



ISO 9001-2015

**Sardar Bahadur Khan Women's University**  
Quetta – Pakistan  
Graduate Studies Office

**SAY NO TO CORRUPTION**

**Reference No:** -----

**Date:**-----

The Chairperson,  
Advance Studies Research Board (ASRB)  
SBK Women's University,  
Quetta.

**Subject: Panel of External Examiners for Thesis Evaluation of Ph.D. (Filled by Supervisor)**

Respected Madam,

The panel of external examiners suggested for the evaluation of thesis of Ms. \_\_\_\_\_  
\_\_\_\_\_ Daughter of \_\_\_\_\_ who is registered in  
M.Phil. with registration number \_\_\_\_\_ in department of \_\_\_\_\_  
\_\_\_\_\_, SBK Women's University, Quetta.

Her Thesis Title is: \_\_\_\_\_  
\_\_\_\_\_

S. No.	National External Examiner
1.	Name: _____ Designation: _____ Qualification: _____ E-mail (official): _____ Contact Number: _____ Department: _____ Affiliation: _____ Relevancy to this Thesis _____
2.	Name: _____ Designation: _____ Qualification: _____ E-mail (official): _____

**Counter signed by the Supervisor**

	Contact Number: _____ Department: _____ Affiliation: _____ Relevancy to this Thesis _____
3.	Name: _____ Designation: _____ Qualification: _____ E-mail (official): _____ Contact Number: _____ Department: _____ Affiliation: _____ Relevancy to this Thesis _____

S. No.	International External Examiner
1.	Name: _____ Designation: _____ Qualification: _____ E-mail (official): _____ Contact Number: _____ Department: _____ Affiliation: _____ Relevancy to this Thesis _____
2.	Name: _____ Designation: _____ Qualification: _____ E-mail (official): _____ Contact Number: _____ Department: _____ Affiliation: _____ Relevancy to this Thesis _____
3.	Name: _____

Counter signed by the Supervisor

	Designation: _____ Qualification: _____ E-mail (official): _____ Contact Number: _____ Department: _____ Affiliation: _____ Relevancy to this Thesis _____
4	Name: _____ Designation: _____ Qualification: _____ E-mail (official): _____ Contact Number: _____ Department: _____ Affiliation: _____ Relevancy to this Thesis _____
5	Name: _____ Designation: _____ Qualification: _____ E-mail (official): _____ Contact Number: _____ Department: _____ Affiliation: _____ Relevancy to this Thesis _____

Name of Supervisor: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 E-mail (official): \_\_\_\_\_  
 Dated: \_\_\_\_\_  
 Sign & Stamp of Supervisor: \_\_\_\_\_

Note: Atleast 3 national and 5 international nominations are required as panel of examiners

Counter signed by the Supervisor