

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