

***CGSR/FORM 13– PHD – 08***

**Request for Appointment of Internal Examiners**

**For the Final PhD Thesis Defense Examination**

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| --- | --- |
| Student’s Name: | Department: |
| Registration Number: | Date of Registration: |
| Thesis Title: | |

It is requested that the members from the following list may serve as members of the panel of Internal Examiners in addition to Supervisor, Co-Supervisor, Head of the Department & Dean (Research):

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| --- | --- | --- |
| **Name and Designation** | **Complete postal address with email address** | **Rector’s Approval** |
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Supervisor’s Name : **\_**  Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rector is requested to appoint at least two from the above list of Internal Examiners for thesis review and evaluations.

Head of the Department (Name) **Dr. Muhammad Yussouf Saleem** Signature/Date \_\_\_\_\_\_\_\_\_\_\_

Dean (Research)

**Rector, PIEAS**

Dean (Research)