



Examination Board Approval Form
Application for the approval of M. Phil. Program
Examination Board
(According Act: B.8.7.3)

Name of the Department/Institute	:	
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Details of Student:				
Student's Name	:			
Student ID	:		Session	:
Admission Status	:	Full time / Part time	(Put \sqrt Mark)	
Date of First Enrolment	:			
Student's Address	:			
Student Mobile No.	:			
Student Email ID	:			
Supervisor Appointment	:	ACPGS/ACRS Reference	:	
	:	CHSR Reference	:	
	:	AC Reference	:	
Details of Supervisor	:	Name:	:	
	:	Designation	:	
	:	Department / Institute	:	
Thesis Title	:			
Thesis Proposal Approval	:	ACPGS/ACRS Reference	:	
	:	CHSR Reference	:	
	:	AC Reference	:	

Details of Completed Courses by the Student				
Course Code	Course Title	Credit Hours	Letter Grade	GPA (Published Result)

Signature of Course Coordinator
Signature of Tabulator



To be filled up by the Head of the Department/Supervisor				
Expected Date of Comprehensive Examination		:		
Proposed Examination Board				
Sl. No.	Name and Affiliation		Designation	
1.	Name	:	Chairman (Supervisor)	
	Designation	:		
	Affiliation	:		
2.	Name	:	Member (Co-Supervisor)	
	Designation	:		
	Name of the Department/Institute:	:		
	Affiliation	:		
3.	Head of the Department/Director of the Institute		Member (Ex-Officio)	
	Name of the Department/Institute:			
One or Two teachers from within the Department / Institute				
4.	Name	:	Member (Internal)	
	Designation	:		
	Affiliation	:		
5.	Name	:	Member (Internal)	
	Designation	:		
	Affiliation	:		
One External member outside the student's Department / Institute / University				
6.	a.	Name	:	Member (External)
		Designation	:	
		Department/Institute	:	
		Affiliation	:	
	b.	Name	:	
		Designation	:	
		Department/Institute	:	
		Affiliation	:	
	c.	Name	:	
		Designation	:	
		Department/Institute	:	
		Affiliation	:	



To be filled up by the Head of the Department/Supervisor after ACPGS/ACRS		
Expected Date of Examination	:	
ACPGS/ACRS Reference	:	
Examination Board		
Sl. No.	Name and Affiliation	Designation
1.	Name	:
	Designation	:
	Affiliation	:
		Chairman (Supervisor)
2.	Name	:
	Designation	:
	Name of the Department/Institute:	:
	Affiliation	:
		Member (Co-Supervisor)
3.	Head of the Department/Director of the Institute	
	Name of the Department/Institute:	
		Member (Ex-Officio)
4.	Name	:
	Designation	:
	Affiliation	:
		Member (Internal)
5.	Name	:
	Designation	:
	Affiliation	:
		Member (Internal)
6.	Name	:
	Designation	:
	Department / Institute	:
	Affiliation	:
		Member (External)

Signature & Date:

(Supervisor)

(Head of the Department)