FACULTY OF ENGINEERING **| APPOINTMENT OF EXAMINERS AND MODERATORS**

Department: Course: B.Sc. Engineering / B.Sc. TLM / B.Des.

Examination:

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| Module code | Module title | Examination duration (hrs) | Name(s)\* | Examiner/  moderator | Designation &  department \*\* | Qualifications\*\*\* | Address\*\*\* |
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**Note:** \* First examiner in the list is considered as the Coordinating Examiner

\*\* Indicate the department, if the Examiner/Moderator is from another department

\*\*\* Qualifications and address must be included if the examiners and moderators are not in the permanent academic staff of the University.

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Faculty Board, Senate and Council approval is sought for the above Examiners and Moderators.

1) Head of the Department, Name: ……………………………………………. Signature: Date:

2) Recommended / not recommended for Faculty Board approval.

Director – UGS Signature: Date:

3) Recommended / not recommended for Senate & Council approval.

Dean – Faculty of Engineering Signature: Date: