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: