SHRI G.S INSTITUTE OF TECHNOLOGY & SCIENCE, INDORE

(AN AUTONOMOUS INSTITUTION)

Date:

*<u>NEW APPOINTMENT/CHANGE OF EXAMINER</u>

(*Strike out which is not applicable)

Name of Examination : _____

Practical/Theory : _____

Name of Department: _____

To, **The Chairman** Examination Committee, Shri G.S.Inst. of Tech. & Science **INDORE (M.P.)**

Sub: New Appointment/Change of Examiner in Practical/Theory Examination

Dear Sir,

The following examiner may kindly be permitted to conduct the examination as per the following details:

1. Class :	
2. Subject :	
3. Originally Appointed Examiner :	
4. Examiner who will conduct the exam:	
Submitted for Approval.	
DIRECTOR/DEAN ACADEMIC	(SIGNATURE) PROF.& HEAD OF THE DEPTT.