

INSTITUTE OF ENGINEERING AND TECHNOLOGY, UNIVERSITY OF CALICUT

REQUEST FOR EXTERNAL EXAMINER DUTY CERTIFICATE

PRACTICAL EXAMINATION

Name of External Examiner	
Designation	
Name of College & Place	
Name of the Department	
Contact Number	
Name of Examination Conducted	
Name of Subject & Paper Code	
Scheme , Month & Year	
Date of Examination Conducted	

Declaration

I hereby declare that all the relevant columns have been filled in and that the entries made above are correct to the best of my knowledge and belief and that they have been made in my own handwriting.

Place:

Signature of the External Examiner

Date:

(For Dept use only)

Internal Examiner /A.P

Head of the Department

PRINCIPAL