KERALA UNIVERSITY OF HEALTH SCIENCES, THRISSUR - 680 596, KERALA

FORM OF ACCEPTANCE TO BE FILLED BY THE INTERNAL EXAMINER / EXTERNAL EXAMINER

Sl. No.	Name (in Block Letters)	Age and Date of Birth	Academic Qualification with Year of qualifying & University	Designation (With full Official Address)	Total Teaching Experience	Post PG Teaching Experience	Experience as PG Examiner & Guide ship Experience (In Years)	Aadhar Number

NAME OF INSTITUTION IN WHICH YOU ARE APPOINTED AS EXAMINER:

DATE OF EXAMINATION:

I hereby intimate my acceptance ☐ / non- acceptance ☐ to be the External Examiner for the Examination assigned to me. (Please √)

I declare that no member of my family or relative* is appearing for the examination for which I am assigned External Examiner. I also declare that the particulars furnished above are true to the best of my knowledge and belief.

Station: **Signature:**

Date: **(seal)** **Name:** **Countersigned by HOD/Head of Institution**

***The term 'relative' includes: Wife, Husband, Son/Daughter, Adopted Son/Daughter, Step Son/Daughter, Grand Son/Daughter, Brother/Sister, Step Brother/Sister, Nephew, Niece, Grand- Nephew/ Niece, Uncle, Aunt, Father, Mother, Cousin, Son-in-law, Daughter-in-law, Brother-in-law and Sister-in-law.**