



**GOA UNIVERSITY
TALEIGAO PLATEAU GOA 403206**

APPLICATION FOR EXAMINERSHIP

(Application should be sent to the Controller of Examinations, Goa University, Taleigao Plateau, Goa 403206 and should be submitted through the Principal/Registrar/Head of the applicants Institution)

1. NAME _____

2. DESIGNATION _____

3. Address a) OFFICE _____

PIN _____ PHONE _____ FAX _____

b) RESIDENCE _____

PIN _____ PHONE _____ MOBILE _____

4. DATE OF BIRTH _____ DATE OF RETIREMENT _____ E-MAIL : _____

5. EDUCATIONAL QUALIFICATIONS :

Sr. No.	Degree (pls specify)	Subject	University	Year of Passing
a.	Graduation			
b.	Post Graduation			
c.	Ph.D.			

6. TEACHING EXPERIENCE :

Sr. No.	Designation	Subject	Institution	From-to
a.				
b.				
c.				

7. PROFESSIONAL EXPERIENCE (if applicable):

Sr. No.	Designation	Subject	Institution	From-to
a.				
b.				
c.				

8. PREVIOUS EXPERIENCE AS EXAMINER :

Sr. No.	Subject	Month & Year	Examination	University
a.				
b.				
c.				

(Item No 9 & 10 are applicable to the examiners of the Medical Courses only)

9. WHETHER YOUR DEPARTMENT IS RECOGNIZED BY MEDICAL COUNCIL OF INDIA FOR THE POST-GRADUATE COURSE ?

YES/NO

10. WHETHER YOU ARE A RECOGNISED GUIDE OF YOUR UNIVERSITY FOR THE POST GRADUATE MEDICAL DEGREE COURSE?

YES/NO

DATE:

PLACE :

SIGNATURE OF THE APPLICANT

11. CERTIFIED THAT THE DETAILS GIVEN ABOVE ARE CORRECT AS PER THE RECORDS OF THIS INSTITUTION. THE APPLICANT IS ELIGBLE FOR EXAMINERSHIP APPLIED FOR.

DATE:

PLACE:

SIGNATURE OF THE PRINCIPAL/DEAN/HEAD OF THE INSTITUTE

(For Use of the Board of Studies, Goa University)

12. DATE OF THE MEETING OF THE BOARD OF STUDIES _____

13. REMARK OF THE BOARD OF STUDIES _____

DATE:

PLACE :

SIGNATURE OF THE CHAIRPERSON BOARD OF STUDIES

(For Office use)

14. DATE OF THE MEETING OF THE ACADEMIC COUNCIL _____

15. DATE OF THE MEETING OF THE EXECUTIVE COUNCIL _____

(For future use of the office whenever necessary)

16. CHANGE IN ADDRESS/PHONE NUMBER NOTED AS PER THE REQUEST OF THE EXAMINER

17. REMARKS IF ANY: