

**Nomination of Examiners**

*Please nominate 2 potential examiners to evaluate the thesis of your student for the process of awarding the degree. This form must be confidentially submitted to the Higher Degree Committee, Faculty of Medicine, University of Peradeniya by the principal supervisor. Please provide copies of brief CVs of the nominated examiners when the examiners are not permanent staff members of the Faculty of Medicine, University of Peradeniya. At least one examiner should hold a Ph.D. and at least one of the examiners should not be a permanent staff member of the Faculty of Medicine, University of Peradeniya.*

Name of the student:

Registration number:

Degree: MPhil / Ph.D / DM

Title of the thesis:

List of examiners for the evaluation of the thesis.

Name	Address	Qualifications	Contact number	E.mail	CV attached
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>

I nominate the above listed examiners to evaluate the MPhil / Ph.D. / DM thesis for the Higher Degree Committee, Faculty of Medicine, University of Peradeniya.

Principal supervisor's name:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_