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|  | **GOVERNMENT COLLEGE OF ENGINEERING KARAD***(An Autonomous Institute of Government of Maharashtra)*Vidyanagar, Karad Dist. Satara MH PIN-415124<http://gcekarad.ac.in> Phone: 02164 272414, 9545272414 principal@gcekarad.ac.in  | **महसूल व वन विभाग, महाराष्ट्र शासन ...** |

**No.:**

**Date:**

**Appointment as External / Internal Examiner for ESE Practical / Project / Dissertation**

**ESE Winter / Summer / Makeup 20\_\_\_**

**To,**

 **Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **College :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subject: Appointment as External / Internal Examiner for ESE Practical / Project / Dissertation Examination**

 I am pleased to appoint you as External / Internal examiner for Practical / Project / Dissertation Examination of ESE Winter / Summer / Makeup Examination 20\_\_\_\_, as per following details:

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| --- | --- | --- | --- |
| Department |  | Program | B.Tech. / M.Tech. / MCA Sem: \_\_ |
| Course Code |  | Course Name |  |
| Date of Exam | From / / | To / / | Time: To |
| No. of Students |  |  |  |

You are requested to confirm your availability for the examination. You are entitled T.A./D.A. as per Govt. norms and remuneration as per rules and regulation of the examination of the Institute.

**Head of Department**

**Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**