

FORMAT FOR APPOINTMENT OF SUBSTITUTE PRACTICAL EXAMINERS**College Name** :- Shri V. N. Govt. Medical College, Yavatmal.

To,
The Controller of Examinations,
 Maharashtra University of Health Sciences,
 Mhasrul, Dindori Road,
 Nashik – 422 004.

Subject: - Appointment of Substitute Practical Examiners...

Sir,

The following examiners, appointed by the University have **expressed their inability/are not available** to conduct the examination as per details specified below. Their replacements from the **approved panel** have been contacted and they have agreed to conduct the examination on the dates specified below. You are requested to **accord your approval** and issue the appointment order **in case of External Examiners**. Internal Examiners appointment order will be issued at our end after receiving your approval: -

EXAMINATION CENTRE :- Shri V. N. Govt. Medical College, Yavatmal.

Date of Exam	Date proposed (In case of change only)	Subject	Course	Name & college of examiner appointed by the University (Internal/External)	Name of Examiner Proposed & his College	Valid Reason for Date/Examiner Change	Name within the panel (Yes/No)

It is certified that, names proposed from **outside the panel** meet the Eligibility criteria of the examiner.

College Seal
Date:-

Sign of Dean/Principal of the College**FOR UNIVERSITY USE ONLY**

Sir/Madam,

Your proposal for substitute appointment as mentioned above is hereby approved/* not approved/*held in abeyance, vide letter no. MUHS/X-1/ / 20 dated:-

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*Reason for non-approval/ held in abeyance.....

Controller of Examinations