MAHARASHTRA INSTITUTE OF TECHNOLOGY, CHHATRAPATI SAMBHAJINAGAR (An Autonomous Institute)



Examination Cell

FORM NO.O-15

Internal Examiners Examination Panel	
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Course Code :						Class & Program Name: Semester:						
Emp loyee Code	Name of the Faculty	Designation	Highest Qualification	Teaching Experience	Regular/ Adhoc	Correspondence Address	Contact No.	Email Id	Course Taught	Bank A/C No. with Name	IFSC Code	
						X						

External Examiners Examination Panel

Course Code : Class & Program											
								Name:			
Course	e Name:					Semester:					
Sr.	Name of the	Designation	Highest	Teaching	Regular/	Correspondence	Contact	Email Id	Course	Bank A/C No.	IFSC Code
No.	Faculty		Qualification	Experience	Adhoc	Address	No.		Taught	with Name	
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	Course Code : Course Name: Course Name:									
Sr. No.	Name of the Staff	Designation	Highest Qualific ation	Experience	Regular/ Adhoc	Correspond ence Address	Contact No.	Email Id	Bank A/C No. with Name	IFSC Code

Exam Co-ordinator