



External Evaluator Conflict of Interest Consent

1. **Students Details: -**

- a. Name: _____
- b. Regn No: _____
- c. Campus: _____
- d. Discipline: _____
- e. Name of Supervisor: _____
- f. Thesis Title: _____

2. **Details of Proposed Evaluator: -**

Evaluator 1

- a. Name: _____
- b. Address: _____
- c. Email: _____
- d. Current Designation: _____

Evaluator 2

- a. Name: _____
- b. Address: _____
- c. Email: _____
- d. Current Designation: _____

Evaluator 3

- a. Name: _____
- b. Address: _____
- c. Email: _____
- d. Current Designation: _____

Evaluator 4

- a. Name: _____
- b. Address: _____
- c. Email: _____
- d. Current Designation: _____

Evaluator 5

- a. Name: _____
- b. Address: _____
- c. Email: _____
- d. Current Designation: _____

Evaluator 6

- a. Name: _____
- b. Address: _____
- c. Email: _____
- d. Current Designation: _____

Evaluator 7

- a. Name: _____
- b. Address: _____
- c. Email: _____
- d. Current Designation: _____

Evaluator 8

- a. Name: _____
- b. Address: _____
- c. Email: _____
- d. Current Designation: _____

This is to ensure and confirm that the external examiners, supervisor, and the student have no conflict of interest as per HEC policy.

Supervisor Signature: _____

Date: _____