

Course MB-801 & MB-802

Form for evaluator's selection/approval

1. Name of student: _____

e-mail I.D.: _____ Signature: _____

2. Supervisor's name: _____

e-mail I.D.: _____ Signature: _____

3. Following are the names of proposed seminar evaluators:

a. _____ Signature: _____

b. _____ Signature: _____

c. _____ Signature: _____

d. _____ Signature: _____

Signature of Course in-charge MB-801/ MB-802 _____

Approved by Director CEMB _____