



SAGAR INSTITUTE OF RESEARCH, TECHNOLOGY & SCIENCE, BHOPAL

FACULTY REPORT – EXTERNAL EXAMINER

1. Name of the Faculty: _____ Designation _____ Department _____
2. Name of the Institute you have visited: _____
3. Name of the Internal Faculty: _____ Institution _____ Department _____
Designation _____
4. Date of Practical Examination: _____ Semester.: _____ Branch _____
5. Name of the Subject: _____
6. Duration of the Exam undertaken : _____ Hrs. to _____ Hrs
- No. of students Present in the practical Exam: _____ No. of students failed _____
8. Level of the students & their IQ: Weak / Below Average / Average / General / Good / Very good / Excellent
9. Give brief description of the Laboratory facilities existing in the institution, where you have conducted the Examination:
10. Have you visited any other Lab, if so, give the details of the Labs & facilities:
11. Have you observed any new equipment which is useful for our Institute, If so, give details of the Equipment, specification of the equipment and the name of the Supplier:
12. Have you observed any other specific thing in that institution which may be useful for our Institution:
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)
13. Have you met any other Faculty / Staff, if so, mention their names and expertise:
14. Overall observation of the Institute:

Name & Signature of Faculty

Director

Chairman



SAGAR INSTITUTE OF RESEARCH, TECHNOLOGY & SCIENCE, BHOPAL

Bhopal, dated.....

The Chairman,
SIRTS, Bhopal

Subject: Permission for acting as External Examiner

Respected Sir,

I, the undersigned, request you to kindly accord permission to act as an External Examiner on following date(s). The relevant information is furnished below:

1. Name of the Institution.....
2. Subject..... Branch.....
3. Date(s)..... Time.....

It is requested that on duty leave may be sanctioned to me on the above mentioned date. I assure you that I will submit the feedback report of the Institute including Laboratory facilities in the prescribed proforma on the next date of the examination.

Thanking you,

Yours faithfully

Signature & Name

Forwarded / not forwarded

Recommended / not recommended

Permitted / not permitted

HOD (.....)

Director

Chairman / ED / Group OSD