



CONFLICT OF INTEREST DECLARATION FORM

(TO BE SUBMITTED BY THE EXAMINER/S OF THESIS DEFENCE/ COMPREHENSIVE EXAMINATIONS) *

Name of the examiner with initials: (Prof/Dr/Mr/Ms)

Name of the student with Initials:

The degree registered:

Board of Study:

I hereby declare that, I have no interest which might conflict with my duties as an examiner of the above named student's dissertation.

Signature:

Date

OR

I hereby declare that I have conflict of interest(s) for the above mentioned student who is following the postgraduate study program conducted by the PGIA. Therefore, please relinquish me from any examination related work affecting the above student throughout his/her academic career.

Signature:

Date

**Delete the lines which are unnecessary*

ACKNOWLEDGMENT OF THE DECLARATION FORM

I am in receipt of the above declaration form signed by..... as an examiner of PGIA on

.....
Deputy Registrar/PGIA