

**MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY,
WEST BENGAL**

BF-142, Salt Lake City, Kolkata-700064

Tel No (033)2321-0731-1327 Fax: 2321-0832



Ref. No: COE/ Examiner/ODD/22/12

Date: 22-12-2015

To

The Principal/Director
All affiliated College / Institutions/ HoDs of In-House Depts

**Sub:- Request for sending the names of Examiners for Odd Semester
Theory Examinations, 2015-16**

Sir / Madam

The undersigned is directed to request you to kindly submit the names of faculty members with Masters Degree and with at least two years of teaching experience (necessary qualification) in the relevant subject of your College/Institution through the prescribed on-line Proforma, available at www.wbut.ac.in from 22-12-2015. The proforma must be filled up within 30-12-2015. Please also send a hard copy of the same duly signed by the Head of the Institute within 04-01-2016.

Please exercise utmost caution while sending the names of examiners and try to forward all the names of the faculty members in conformity with University rules.

The specific date and time of evaluation will be informed to the concerned examiners at the appropriate stage. The remuneration of evaluation of answer scripts shall be made as per University rules.

Thanking you

Sd /-

Dr. Indranil Mukherjee

Controller of Examinations (Actg.)