



**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 or be perceived to 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, you may relinquish me from any examination related work affecting the above student throughout his/her academic career.

Signature: .....

Date .....

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**ACKNOWLEDGMENT OF THE DECLARATION FORM**

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

.....

AR / DR