

POSTGRADUATION REGISTRATION FORM

1. Name_____ 2. Father's Name_____
3. Date of Birth_____ 4. Gender_____
5. Nationality_____ 6. District of Domicile_____
7. CNIC Number_____ 8. PM&DC Registration No_____
9. Mailing Address_____
10. Telephone/Mobile Number_____ 11. Email address_____

12. Academic Data/ Qualification

	School/ College/ University	From	To	Division GPA/ Grade	Marks obtained (%)	Major subjects taken
• Matric • O'Level/ Other						
• F.A./ F.Sc. • A'Level/ Other						
• MBBS/ BDS • BS/ Other						
• MPhil/ MSc/ • Equivalent						

Department: _____ College/Institute: _____

Program: Diploma _____ MSc/ MPH _____ MPhil _____ PhD _____

CERTIFICATE BY THE APPLICANT

I, hereby, solemnly declare that the information provided and statements made by me in this form are true and correct to the best of my knowledge and belief. I fully understand that any false statement of mine shall render me liable for termination from the college/institute/program.

Date: _____ Student Signature: _____

Head of Department: _____ Head of Institute/ Dean: _____

Date: _____ Date: _____

FOR REGISTRAR OFFICE USE ONLY

Registration No. issued _____

Checked by

Signature: _____

Name: _____

Date: _____

Registrar

Signature: _____

Name: _____

Date: _____

INSTRUCTIONS

1. Attach Following:
 - a) Two 1" x 1" size photographs of the candidate with sky blue background attested on the back
 - b) Photocopies of the certificates of Matric/ Intermediate or equivalent (including equivalence certificates)
 - c) Photocopy of Entry Test result of NUMS/ NTS/ GAT
 - d) Original NOC to be attached, if migrating from other Board/ University/ Institution
 - e) Photocopy of Passport/ (_____)
 - f) Photocopy of CNIC/Form 'B'
2. The Principal/ Dean of all Colleges/ Institutions shall submit the Registration Form alongwith attested copies of Academic Record and Registration Fee at prescribed rates to the Registrar within 20 days of admission
3. The form, photocopies of Academic record and Photographs must be attested by the Principal/ Dean or applicant's duly authorised nominee
4. In case of a student migrating from any other University/ Board, Migration Certificate/ NOC in original should also be submitted
5. If any student is struck off from the rolls of a College/ Institution/ Department, migrates/ shifts to another College/ Institution/ Department, rusticated or expelled or is readmitted, such facts shall be reported to the Registrar within seven days
6. In case of a student already registered with University, getting admission to another course at the same/ another College/ Institution/ Department, the Principal/ Dean/ Head of the College/ Institution/ Department shall forward a fresh registration form dully filled from all respects quoting the registration number of such student along with the prescribed registration fee for the course.

Distribution:

- 1 x copy to be maintained in the concerned Institute, Registrar Office/ Academics Directorate & Controller of Examinations.

APPLICATION FORM FOR MIGRATION/ TRANSFER OF CREDIT HOURS

1. Name: _____ 2. Registration No: _____
 3. Date of Birth (dd/ mm/ yyyy): _____ 4. Gender: _____
 5. Nationality: _____ 6. District of Domicile: _____
 7. CNIC Number: _____ 8. PM&DC Registration No: _____
 9. Mailing Address (mention all relevant information like H. No., St No., Sector, etc.): _____

10. Telephone/ Mobile Number: _____ 11. Email address: _____

12. Academic Data/Qualification

	Name and Location of School/ College/ University	From	To	Division GPA/ Grade	Marks obtained (In%)	Major subjects taken
• Matric						
• O'Level/ Other						
• F.A./F.Sc.						
• A'Level/ Other						
• MBBS/ BDS/BS/ Other						
• MPhil/ MSc/ • Equivalent						

Academic Achievements

Distinctions, awards paper published and other recognitions of academic achievements (please indicate the basis of selection and date of each listing).

13. Current Academic Program
Program (currently studying):

Institution/ university: _____ Entry date: _____
 Semesters completed: _____ Credits earned: _____ CGPA: _____

14. Reason of Transfer

(Be specific and to the point. Clearly indicate changes in circumstances, which render it difficult for you to continue education in your present institution)

15. Undertaking: I have read the details given in application form for Transfer of Students. I, hereby, apply for admission to the MPhil/ PhD Program at NUMS as a Transfer student and certify that, to the best of my knowledge, all the above statements are complete and correct. I also declare that I have never been involved in any illegal activity. I understand that any attempt to influence the admission process or providing false or incomplete information would result in my disqualification or dismissal from the program at any stage.

Date: _____

Applicant's Signature: _____

16. (TO BE FILLED BY CONCERNED NUMS' COLLEGE / INSTITUTE)**Details of Accepted Courses / Credits Course Code**

Course Code	Course Title	Credits	Grade

Details of Deficient Courses

Course Code	Course Title	Credits	Grade

The case for migration from above mentioned institution to our College/ School/ Institute has been critically examined by faculty and it is recommended that Migration/ transfer of credits of student be accepted to join _____semester with _____credit hours _____of course work.

Recommended/ Not Recommended

Dated: _____ Signature of Head of Department: _____

Approved/ Not Approved

Dated: _____ Signature Head of Institute/ Dean: _____

Please attach the following documents with the migration form:

- Official transcript of semesters studied at Parent University.
- Photocopy of mark sheets of Matric and FSc/ equivalent examinations (equivalence certificates from IBCC, Pakistan in case of O/ A level/ equivalent exams).
- Detailed courses outline of courses already studied.
- No Objection Certificate (NOC) from Parent University.
- Character certificate
- Bank Draft amounting to Rs. 5000/- (Rupees five thousand) in favour of NUMS as processing fee (non-refundable).

Distribution:

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REQUEST FOR FREEZING OF SEMESTER (PhD & Master Programs)

Name: _____ Registration No: _____

Department: _____ Institute: _____

Cell No: _____ E-mail: _____

Freezing Requested for: Semester _____ Date _____

Will rejoin: Semester _____ Date _____

Reasons for freezing (Tick (✓))
 a. Domestic / Personal b. Medical Reason
 c. any other reason: _____

Present Postal Address _____

Date _____ Student's Signature _____

1. Previous record of freezing _____

2. Copy of Fee Challan attached Amounting to Rs. _____

3. Remarks of Head of Department _____

Date _____ Signature of Head of Department _____

Recommendation of Dean/ Head of Institute

Recommended/ Not Recommended

Date _____ Signature _____
Dean/ Head of Institute

(For Registrar Office use only)

1. Freezing semester:

2. Will rejoin: Date _____ Semester _____

Approved/ Not Approved

Date _____ Registrar _____

Notes: Freezing period will be counted toward overall allowed duration for completion of PG program.

- a) Applicant will be charged registration fee @ of 25% of tuition fee per month for the freezing period.
- b) Copy of approved form will be sent to Registrar/Academics Directorate & Controller of Examinations.

**APPOINTMENT OF SUPERVISOR/ CO-SUPERVISOR
(PhD & Master Programs)**

Professor/Assistant Professor _____ (HoD) _____

Department _____

Dear Sir/ Madam,

The Head of Department of _____, (College/ Institute) _____ is pleased to appoint you as the Supervisor/Co-Supervisor for the following Student:

Student's Name: _____

Registration No: _____

Program/ Subject: _____

During the period of research work, you are requested to supervise the course work, synopsis, thesis defense and send us progress report on the prescribed form. You will also be required to be present at the time of thesis defense. Kindly send us your acceptance in writing or through an email, so that we may formally intimate your name to NUMS Academics Directorate.

I hope the student will greatly benefit from your valuable experience towards completing his/ her degree in time.

Date: _____

(Head of Department)

I am willing to supervise above mentioned student

Date: _____

(Supervisor)

Countersigned

Date: _____

Dean/ Head of Institute

Distribution:

1 x copy to be maintained in the concerned Institute, Acad Dte & Controller of Examinations

**GRADUATE SUPERVISORY COMMITTEE
(PhD Program–GSC)**

Name: _____ Registration No: _____

Department: _____ Institution _____

Subject: _____ Date of Admission: _____

Contact No: _____ Email: _____

Date: _____ Student's Signature: _____

Graduate Supervisory Committee Members

1. Supervisor: _____ Signature: _____

Qualification/ Dept./ Institute: _____

2. Internal member: _____ Signature: _____

Qualification/ Dept./ Institute: _____

3. External member: _____ Signature: _____

Qualification/ Dept./ Institute: _____

4. External member: _____ Signature: _____

Qualification/ Dept./ Institute: _____

5. Co-Supervisor (if any): _____ Signature: _____

Qualification/ Dept./ Institute: _____

Recommended/ Not Recommended

Dated: _____ Signature of Head of Department: _____

Approved/ Not Approved

Dated: _____ Signature Head of Institute/ Dean: _____

Distribution:

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GRADUATE SUPERVISORY COMMITTEE
Master Program - GSC (Medical Programs)

Name: _____ Registration No: _____

Department: _____ Institution: _____

Subject: _____ Date of Admission: _____

Contact No: _____ Email: _____

Date: _____ Student's Signature: _____

Graduate Supervisory Committee Members

1. Supervisor: _____ Signature: _____

Qualification/ Dept./ Institute: _____

2. Internal member: _____ Signature: _____

Qualification/ Dept./ Institute: _____

3. External member: _____ Signature: _____

Qualification/ Dept./ Institute: _____

4. External member: _____ Signature: _____

Qualification/ Dept./ Institute: _____

5. Co-Supervisor (if any): _____ Signature: _____

Qualification/ Dept./ Institute: _____

Recommended/ Not Recommended

Dated: _____ Signature of Head of Department: _____

Approved/ Not Approved

Dated: _____ Signature Head of Institute/ Dean: _____

Distribution:

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GRADUATE SUPERVISORY COMMITTEE
Master Program - GSC (Non-Medical Programs)

Name: _____ Registration No: _____

Department: _____ Institution: _____

Subject: _____ Date of Admission: _____

Contact No: _____ Email: _____

Date: _____ Student's Signature: _____

Graduate Supervisory Committee Members

1. Supervisor: _____ Signature: _____

Qualification/ Dept./ Institute: _____

2. Internal member: _____ Signature: _____

Qualification/ Dept./ Institute: _____

3. External member: _____ Signature: _____

Qualification/ Dept./ Institute: _____

4. Co-Supervisor (if any): _____ Signature: _____

Qualification/ Dept./ Institute: _____

Recommended/ Not Recommended

Dated: _____ Signature of Head of Department: _____

Approved/ Not Approved

Dated: _____ Signature Head of Institute/ Dean: _____

Distribution:

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PETITION FOR CHANGE IN THE GRADUATE SUPERVISORY COMMITTEE (PhD & Master Programs)

Name: _____ Registration No: _____
 Department: _____ Program/ Subject: _____
 Contact no: _____ Email: _____
 Student' Signature: _____ Date: _____

COMMITTEE MEMBERS CHANGES

Delete

Add

Name: _____	Name: _____
Department: _____	Department: _____
Signature: _____	Signature: _____
Name: _____	Name: _____
Department: _____	Department: _____
Signature: _____	Signature: _____

SUPERVISOR/ CO-SUPERVISOR CHANGES

Delete

Add

Name: _____	Name: _____
Department: _____	Department: _____
Signature: _____	Signature: _____

Recommended/ Not Recommended

Dated: _____ Signature of Head of Department: _____

Approved/ Not Approved

Dated: _____ Signature Head of Institute/ Dean: _____

Distribution:

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IMPROVEMENT/ REPEAT COURSE FORM (PhD & Master Programs)

Name: _____ Registration No: _____

Department: _____ Institution: _____

Program: _____ Subject: _____ Admission Date: _____

S. No.	Course Code	Course Title	Credit Hrs	Core/ Elective	Grade	Grade Points
1.						
2.						
3.						
4.						

GPA Semester-I: ____ GPA Semester-II: ____ GPA Semester-III: ____ GPA Semester-IV: ____ CGPA: ____

FOR REPEAT/ IMPROVEMENT

Current Semester CGPA: _____ Course grade for repeat/ improvement: _____

Code _____ Course Title: _____ Credit Hour: _____

Code _____ Course Title: _____ Credit Hour: _____

Chances availed: 1st/ 2nd

Course offer in Semester: Spring/ Summer/ Fall _____

Date: _____ Student's Signature: _____

Recommended/ Not Recommended

Date: _____ Supervisor' Signature: _____

Countersigned

Head of Department: _____ Head of Institute/ Dean: _____

Approved/ Not Approved

Date: _____ Controller of Examinations: _____

Distribution:

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BI-ANNUAL PROGRESS REPORT (PhD & Master Programs)

Name: _____ Registration No: _____

Department: _____ Institution: _____

Subject: _____ Admission Date: _____ Date of Registration: _____

Degree completion date: _____ Semester: _____ Duration of progress report: _____

Coursework

S. No.	Course Code	Course Title	Credit Hrs	Core/ Elective	Grade	Grade Points
1.						
2.						
3.						
4.						

GPA Semester-I: ____ GPA Semester-II: ____ GPA Semester-III: ____ GPA Semester-IV: ____ CGPA: ____

Research work:

Research Topic: _____

Date of Approval from SC (MPhil)/ AS&RB (PhD) _____

Research Progress: _____

Academic Achievements:

S. No.	Descriptions	During Reporting Period	Total
a	Number of Publications in HEC recognised Journals (Please attach E-Copy of Papers)		
b	Presentations in Conferences/ Seminars/ Workshops Participated (Please attach details)		
c	Any other significant achievements (Please attach details)		

Supervisors' remarks on student's progress:

Date: _____

Supervisor's Signature: _____

Countersigned

Head of Department: _____ Head of institute/ Dean: _____

Distribution:

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SYNOPSIS SUBMISSION FORM (PhD & Master Programs)

Name: _____ Registration No: _____

Department: _____ Institution: _____

Subject: _____ Date of synopsis submission: _____

Research Work

1. Topic:

2. Academic Policies Awareness/ Proposed Timeline:

Check list	YES	NO
Are you aware of the NUMS academic policies for Masters/ MPhil/ PhD programs?		
Is synopsis prepared according to NUMS' guidelines?		
Are you aware of the plagiarism policy?		
Proposed timeline for completion of research work/ thesis	Date: _____	

Date: _____ Student's Signature: _____

Date: _____ Supervisor's Signature: _____ Head of Department: _____

Note: Attach the copy of synopsis with this form.

Distribution:

- 1 x copy to be maintained in the concerned Institute, Academics Directorate & Controller of Examinations.

SYNOPSIS EVALUATION REPORT (PhD & Master Programs)

Name: _____ Registration No: _____

Department: _____ Subject: _____

Supervisor: _____ CGPA of Course work: _____

Thesis/ Dissertation Topic: _____

Part A-Synopsis Evaluation (75 Marks)

Evaluation Criteria	Marks*				Comments
	2	3	4	5	
I. Introduction/ Review					
1. Project Summary					
2. Introduction/ Problem Statements					
3. Literature Review					
4. Research Question/ Hypothesis					
5. Research Objectives/ Originality					
Total Marks in (I)					_____ / 25
II. Research Methodology					
6. Study site/ design					
7. Sampling techniques/ size					
8. Methods and data collection					
9. Statistical analysis					
Total Marks in (II)					_____ / 20
III. Feasibility/ Outcome of Study					
10. Plan of work/ Ganтт Chart					
11. Practicality to conduct research					
12. Application/ relevance					
13. Estimated cost/ budget					
Total Marks in (III)					_____ / 20
IV. Structure of synopsis					
14. References, language, grammar & annexes					
15. Overall Quality & Clarity of synopsis					
Total Marks in (IV)					_____ / 10
Total Marks in Part - A					_____ / 75

* 2 = unsatisfactory, 3 = satisfactory, 4 = Good, 5 = Excellent

Part-B Presentation & QA session (25 Marks)

Presentation skills/ slides	____/10
Q&A session/ Viva	____/15

Overall Performance

Part-A ____ out of 75 Marks) Part-B ____ out of 25 Marks) Total (100 Marks) ____

Overall Rating

Overall Rating by Evaluators			
Accepted <input type="checkbox"/>	Accepted with conditions		Rejected <input type="checkbox"/>
	Minor Revisions <input type="checkbox"/>	Major Revisions <input type="checkbox"/>	

Remarks:

Name of Examiner: _____ Institute _____

Date: _____ Signature: _____

Grading Scale:

Excellent >80% (A)	<i>An excellent performance, clearly outstanding. The candidate demonstrates excellent knowledge/skills</i>
Good 68-80% (B)	<i>The candidate demonstrates sound knowledge and a very good degree of independent thinking and research methods.</i>
Satisfactory 60-67% (C)	<i>The candidate demonstrates a reasonable degree of knowledge and application/ research</i>
Unsatisfactory Below 60% (D)	<i>The candidate demonstrates a very limited degree of knowledge/ presentation skills</i>

Distribution:

- 1x copy to be maintained in the concerned Institute, student file and Academics Directorate

SYNOPSIS APPROVAL/ QUALIFYING EXAMINATION (B) REPORT (PhD & Master Programs)

Name: _____ Registration No: _____

Department: _____ Institute: _____

Subject: _____ Date of Synopsis Meeting: _____

Title: _____

Graduate Supervisory Committee Members

First Attempt: _____

Second Attempt: _____

1 _____
Supervisor

Signature

2 _____
Internal Examiner

Signature

3 _____
External Examiner (1)

Signature

4 _____
External Examiner (2)

Signature

Head of Department _____ Signature _____

Committee Chair/ Dean remarks _____

Approved/Not Approved _____

Date _____

Dean/ Head of Institute

Distribution:

- 1 x copy to be maintained in the concerned Institute, Academics Directorate & Controller of Examinations.

CHANGE OF SYNOPSIS TITLE / PROJECT (PhD & Master Programs)

Name: _____ Registration No: _____

Department: _____ Institute: _____

Subject: _____ Date of Approved Synopsis Defense: _____

Approved Title: (Please attach already approved title of synopsis as Annex-A)

Reason of revision:

Revised Title: (Please attach approval of revised title of synopsis as Annex-B)

Graduate Supervisory Committee Members

1 _____	_____
Supervisor	Signature

2 _____	_____
Internal Examiner	Signature

3 _____	_____
External Examiner	Signature

4 _____	_____
External Examiner	Signature

Head of Department _____	Signature _____
--------------------------	-----------------

Committee Chair/ Dean remarks _____

Approved / Not Approved

Date _____

Dean/ Head of Institute

Distribution:

- 1 x copy to be maintained in the concerned Institute, Academics Directorate & Controller of Examinations.

Note: In case of change of title of synopsis/ Project, student will resubmit the title/ project through concerned institute with all formalities of synopsis after approval from FBS.

THESIS/ DISSERTATION SUBMISSION/ VERIFICATION**(PhD & Master Programs)**

Full Name: _____ Registration No: _____

Department: _____ Institute: _____

Degree Program: _____ Date of Submission: _____

Thesis Title: _____

1. Student's Declaration:

- a. I declare that the contents/ research presented in this thesis/ dissertation is my own work, which was done at NUMS unless otherwise stated/ acknowledged in text/ references. The research work/ thesis has not been previously submitted for any other degree.
- b. My thesis is as per guideline of NUMS and has been reviewed by the Supervisor.
- c. At any time, if my statement is found to be incorrect even after my Graduation, the university has the right to withdraw my MPhil/ PhD degree.

Date: _____ Name/ Signature of student _____

2. Endorsement by Supervisor:

- a. I, hereby, confirm that (Name) _____ has completed the course work of _____ credit hours with CGPA _____ required for the program _____.
- b. I have screened the thesis by using Turnitin Software and similarity index is _____% report is attached.
- c. I am satisfied with the quality of the research work presented and therefore, have no hesitation in recommending that the thesis be submitted for examination.

Date _____ Name/ Signature of Supervisor _____

3. Head of Department:**Recommended/ Not Recommended**

Dated: _____ Signature of Head of Department: _____

For Dean Office:

Check List	YES	NO
Whether the thesis submitted is on prescribed NUMS' format?		
Turnitin report attached/ similarity index is acceptable as per HEC?		
Approved copy of Synopsis is attached?		
Five (5) copies of soft binding thesis are submitted?		
Soft-copy of the thesis is provided in CD/ USB?		
Data on Thesis submission form is as per the University record?		
Examination Fees Receipt is attached?		
Word count		

Name of Staff (received the document) _____

Dated: _____

COUNTERSIGNED

Dated: _____ Signature Head of Institute/ Dean: _____

Distribution:

- 1 x copy to be maintained in the concerned Institute, Academics Directorate & Controller of Examinations, IRB&EC & Dean Office.

THESIS/DISSERTATION EVALUATION REPORT
(PhD & Master Programs)
 (To be used by Individual Examiner/Foreign Evaluators)

Student Name: _____ Registration No. _____

Degree enrolled: _____ Department: _____

Thesis Topic: _____

Evaluation Criteria	Observations/ Comments
Introduction/ Review	
1. Abstract	
2. Introduction / statement of problem	
3. Research objectives/ originality	
4. Literature review (relevant and clearly phrased)	
Research Methodology	
5. Experimental design/Sampling	
6. Research methods and techniques	
7. Statistical analysis	
Results	
8. Enough data to achieve objectives	
9. Research findings/originality of results	
10. Clarity of results descriptions (graphs, tables & figures)	
Discussions/ Conclusion	
11. Scientific interpretation of results & comparison with published literature	
12. Original contribution to knowledge/ application	
13. Conclusions/recommendations	
Structure of thesis	
14. References, annexures language and grammar	
15. Overall Quality & Clarity of thesis	

Select ONE:

- | | |
|--|--------------------------|
| 1. The thesis is ready to proceed to the Oral Defense | <input type="checkbox"/> |
| 2. Minor revisions before to proceed to the Oral Defense | <input type="checkbox"/> |
| 3. Major revisions before to proceed to the Oral Defense | <input type="checkbox"/> |

Date: _____

Evaluator' Signature: _____

NOTE: Report must include a description of the shortcomings /observations you would expect the student to address in order for the thesis to be and proceeded to the Oral Defense. (please use separate sheet for comments if required)

Distribution:

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PUBLICATION/ ARTICLE DETAILS
(PhD & Master Programs)

Name: _____ Registration No: _____

Department: _____ Subject: _____ Institute: _____

Name of Author(s)	
Title of paper	
Subject discipline	
Name of HEC recognized journal	
Category of the Journal at the time of Publication	
ISSN of journal (print)	
ISSN of journal (online)	
URL of paper/article	
Volume, number, and year	
Page(s) no. in journal	
Date of Publication Online (DD-MM-YY)	
Date of Publication Print (DD-MM-YY)	

Supervisor Name: _____ Signature _____

Date: _____

Distribution:

- 1 x copy to be maintained in the concerned Institute, Academics Directorate & Controller of Examination

THESIS/ DISSERTATION ORAL DEFENSE REPORT
(PhD & Master Programs)
 (To be used by Individual Evaluator)

Name: _____ Registration No: _____

Department: _____ Subject: _____

Supervisor: _____ CGPA of Course work: _____

Thesis/ Dissertation Topic: _____

A-Internal/ External Thesis Evaluator (75 Marks)

Evaluation Criteria	Marks*				Comments
	2	3	4	5	
I. Introduction/ Review					
1. Abstract					
2. Introduction / statement of problem					
3. Research objectives/ originality					
4. Literature review (relevant & clearly phrased)					
Total Marks in (I)					_____ / 20
II. Research Methodology					
5. Experimental design/ Sampling techniques					
6. Research methods and techniques					
7. Statistical analysis					
Total Marks in (II)					
III. Results					
8. Enough data to achieve objectives					
9. Research findings/originality of results					
10. Clarity of results descriptions (graphs, tables etc					
Total Marks in (III)					
IV. Discussions/ Conclusion					
11. Scientific interpretation of results & comparison with published literature					
12. Original contribution to knowledge/ application					
13. Conclusions/recommendations					
Total Marks in (IV)					
V. Structure of synopsis					
14. References, annexures language, grammar					
15. Overall Quality & Clarity of thesis					
Total Marks in (V)					_____ / 10
Total Marks in Part - A					_____ / 75

* 2 = unsatisfactory, 3 = satisfactory, 4 = Good, 5 = Excellent

RECOMMENDATION BY THE EXAMINER

I recommend the thesis to be accepted /accepted subject to suggest correction are incorporated in the thesis and duly certified by the supervisor before the conduct of defense/viva-voce thesis examination

Accepted <input type="checkbox"/>	Accepted with conditions		Rejected <input type="checkbox"/>
	Minor Revisions <input type="checkbox"/>	Major Revisions <input type="checkbox"/>	

Remarks:

Note: attach additional page for comments.

B- Defense of thesis (25 Marks)			
Presentation & QA session			
	Total Marks	Marks obtained	Comments
1. Presentation skills/ slides	(10 Marks)		
2. Q&A session	(15 Marks)		

C- Overall Performance

Part-A (75 Marks) _____ Part-B (25 Marks) _____ Total (100 Marks) _____ (___ Grade*)

Name of Examiner: _____

Qualification: _____ Institute _____

Date: _____ Signature: _____

* Grading Scale:

Excellent ≥80% (A)	<i>An excellent performance, clearly outstanding. The candidate demonstrates excellent knowledge.</i>
Good 79-70 % (B)	<i>A very good performance. The candidate demonstrates sound knowledge and a very good degree of independent thinking.</i>
Satisfactory 69-60% (C)	<i>A good performance in most areas. The candidate demonstrates a reasonable degree of knowledge.</i>
Unsatisfactory Less than 60% (D)	<i>A performance that meets the minimum criteria, but no more. The candidate demonstrates a very limited degree of knowledge.</i>

Distribution:

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**FINAL THESIS/ DISSERTATION APPROVAL REPORT
(PhD & Masters Programs)**

We hereby, recommend that the thesis/ dissertation prepared under supervision of _____ by _____

Registration ID No _____ entitled _____

be accepted as fulfilling in part of Masters/ MPhil/Doctor of Philosophy Degree.

Graduate Supervisory Committee Members

1 _____ Signature _____
Supervisor

2 _____ Signature _____
Internal Examiner

3 _____ Signature _____
External Examiner

4 _____ Signature _____
External Examiner

Examiner 1: -----/100	Examiner 2: -----/100	} } Total Marks 400
Examiner 3: -----/100	Examiner 4: -----/100	

*Final Average Score _____ (_____% , Grade _____)

Head of Department _____ Signature _____

Committee Chair/ Dean remarks _____

Approved/Not Approved

Date _____

Dean/ Head of Institute

* Calculation of Final score: Add score of all examiners, divide by 400 and multiply by 100

Distribution:

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CHECK LIST FOR AWARD OF DEGREE

Name: _____

Registration No: _____

S. No	Name of the Document	Evidence Attached		
		YES	NO	NA
PG-01	Post-graduation Registration Form			
PG-02	Application Form for Migration/Transfer of Credit			
PG-03	Request for Freezing of Semester			
PG-04	Appointment of Supervisor/Co- Supervisor			
PG-05	Graduate Supervisory Committee (GSC)			
PG-06	Petition for Change in Graduate Supervisory Committee			
PG-07	Improvement/Repeat Course Form			
PG-08	Bi-annual Progress Report			
PG-09	Synopsis Submission Form			
PG-10	Synopsis Evaluation Report			
PG-11	Synopsis Approval/ Qualifying Examination (B) Report			
PG-12	Change of Synopsis Title/ Project			
PG-13	Thesis/Dissertation Submission/ Verification			
PG-14	Thesis/Dissertation Evaluation Report			
PG-15	Publication/ Article Details			
PG-16	Thesis/ Dissertation Oral Defense Report			
PG-17	Final Thesis/Dissertation Approval Report			
PG-18	Check List for Award of Degree			

Date: _____ Reviewed by: _____ Signature _____