

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
<ul style="list-style-type: none"> • Matric • O'Level/ Other 						
<ul style="list-style-type: none"> • F.A./ F.Sc. • A'Level/ Other 						
<ul style="list-style-type: none"> • MBBS/ BDS • BS/ Other 						
<ul style="list-style-type: none"> • 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:

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

Distribution:

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

**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 _____

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 to send us the 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 _____ (signed scanned copy), so that we may formally intimate your name to the Academics Directorate, NUMS.

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

Date: _____

(Head of Department)

Countersigned

Date: _____

Dean/ Head of Institute

Distribution:

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

Professor (HoD) _____

Department _____

Dear Sir/ Madam,

I am willing to supervise (Mr./ Ms.) _____ Registration
No. _____ throughout the enrolled degree program _____

I will facilitate the student in all steps of his/ her degree program including completion of his/ her research work in time and will intimate any change in supervisor-ship during the enrolled program.

Date: _____

(Supervisor/Co-supervisor)

Distribution:

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**POSTGRADUATE SUPERVISORY COMMITTEE (SC)
(PhD & Master Programs)**

Name: _____ Registration No: _____

Department: _____ Institution _____

Subject: _____ Date of Admission: _____

Contact No: _____ Email: _____

Date: _____ Student's Signature: _____

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: _____

6. 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 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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**SEMESTER ASSESSMENT/ EXAMINATION RESULTS
(PhD & Master Programs)**

Faculty/ Course Instructor: _____

Program: _____ Department: _____

Institution: _____ Semester: _____

Course Code: _____ Course Title: _____ Credit Hour: _____

Internal Assessment

S. No.	Registration No.	Name	Quizzes (5 %)	Sessional Examination (10%)	Mid Semester Examination (25 %)	Assignments/ Presentations / Practical/ OSCE/ OSPE (20%)

Date _____ Faculty/ Course Instructor Signature: _____

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)		

Supervisory Committee remarks on student's progress:

Date: _____

Supervisor's Signature: _____

Countersigned

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

Distribution:

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

**REPORT OF QUALIFYING EXAMINATION
COMPREHENSIVE EXAM (PhD)**

Name: _____ Registration No.: _____

Department: _____ Institution: _____

1st Attempt

Date: _____ CGPA of Course work: _____

Exam	Date of Examination	Marks obtained (%)	Grade

Date: _____

Signature of Supervisor: _____

Date for next exam: _____

2nd Attempt

Date: _____ CGPA of Course work: _____

Exam	Date of Examination	Marks obtained (%)	Grade

Supervisor's Remarks _____

Date: _____

Signature of Supervisor

Recommended/ Not Recommended

Dated: _____ Signature of Head of Department: _____

Approved/ Not Approved

Dated: _____ Signature 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.

**INSTITUTIONAL REVIEW BOARD APPROVAL LETTER
(PhD & Master Programs)**

Name: _____ Registration No: _____

Department: _____ Institution: _____

Subject: _____

Dear _____
(Student/ Principal Investigator)

We are pleased to inform you that your proposed study entitled _____
_____ vides your application received on _____ was reviewed on _____ by _____ IRB&EC. The board has approved/ approved with minor changes in the protocol/ informed consent form vide IRB&EC No. _____ date _____ for period from _____ to _____. You are reminded to submit reports in a timely manner as per our IRB&EC policy.

Date: _____

Signature of Secretary IRB&EC

Distribution:

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

**SCHEDULE FOR SYNOPSIS PRESENTATION
(PhD. & Master Programs)**

Name: _____ Registration No: _____
 Department: _____ Institute: _____
 Subject: _____ CGPA of coursework: _____

Research Topic:

Synopsis Evaluation Committee:

1. Chairperson: _____
2. Supervisor: _____
3. Internal Member: _____
4. External Member: _____

Proposed date of Synopsis Presentation: _____

Date: _____ Supervisor' Signature: _____

Date: _____ Head of Department Signature: _____

Dean Office:

Faculty: _____

Final date of Schedule for Synopsis Presentation/ Approval: _____

Dean Name: _____ Signature: _____

Date: _____

Distribution:

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

**SYNOPSIS EVALUATION REQUEST
(PhD & Master Programs)**

A: Formulation of Synopsis Evaluation Committee:

1. Chairperson: _____
2. Supervisor: _____
3. Internal Member: _____
4. External Member: _____
5. External Member: _____

Dean/ Head of Institute: _____

B: Request for Synopsis Evaluation for PhD/Master Program:

Dear Sir/Madam,

Subject: Request for Synopsis Evaluation for PhD/ Master Program

1. I am pleased to forward you the synopsis of Mr./ Ms. _____ Registration No. _____ for your assessment/ evaluation. The student is registered in MPhil/ PhD Program in the department of _____ of the Institute _____, NUMS. Title of Synopsis is as follows:

2. You are requested to attend the synopsis presentation Scheduled on _____ at _____ and provide your valuable assessment on attached Form No. PG-16.

3. The University is thankful to you for sparing your precious time for the required assessment.

Dated: _____

Dean/ Head of Institute

**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)					
III. Feasibility/ Outcome of Study					
10. Plan of work/ Gantt Chart					
11. Practicality to conduct research					
12. Application/ relevance					
13. Estimated cost/ budget					
Total Marks in (III)					
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>

Rating Scale:

Accepted with Minor/Major Correction	<i>The synopsis conditionally approved , subject to corrections, as outlined in comments report</i>
Rejected	<i>Synopsis requires major, substantive amendment in objectives and methods, and submission for re-examination within the time frame specified.</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: _____

Synopsis Evaluation Committee

First Attempt: _____ **Second Attempt:** _____

1 _____ Signature
Supervisor

2 _____ Signature
Internal Examiner

3 _____ Signature
External Examiner (1)

4 _____ Signature
External Examiner (2)

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)**

ANNEX- PG-17 (b)

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)

Synopsis Evaluation Committee

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.

**PUBLICATION RECORD
(MS/ MPhil/ PhD Program)**

Name: _____ Registration No: _____

Department: _____ Subject: _____

Certificate of Research Paper Submission/ Acceptance

1. MPhil/ MS

It is certified that the manuscript entitled _____

_____ has been submitted/accepted in journal _____

on _____ and likely to be published within six months. The copy of submitted/ accepted manuscript and acknowledgment is attached.

Student' Signature: _____ Supervisor' Signature: _____

2. PhD

The paper titled _____

has been published in Journal Name: _____

Issue: _____ Volume: _____ Pages: _____

DOI (if any): _____

Journal Impact factor: _____ Category journal as per HEC: _____

Student's Signature: _____ Supervisor' Signature: _____

Dated: _____

Signature of Head of Department: _____

Dated: _____

Signature of Head of Institute/ Dean: _____

Distribution:

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

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?		

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.

**ACKNOWLEDGEMENT RECEIPT OF THESIS/ DISSERTATION
(PhD & Master Programs)**

This is to acknowledge that Mr./ Ms. _____

Registration No. _____ has submitted five (5) hard copies and one softcopy of the thesis to the department. The other pertinent details are as follows:

Title of Thesis/ Dissertation	
Degree	
Program	
Faculty/ Subject	
College/ Institute	
Date of Admission	
Due Date of Submission	

*where applicable

(Supervisor)

(Head of Department)

Date: _____

Date: _____

Distribution:

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

THESIS EVALUATION REQUEST
(Master Programs)

A: Formulation of Thesis Evaluation Committee

1. Chairperson _____
2. Supervisor _____
3. Internal Examiner _____
4. External Examiner _____
5. External Examiner _____

B: Request for Thesis Evaluation for Master Program

Dear Sir/ Madam,

Subject: Request for Thesis Evaluation for Master Program

1. I am pleased to forward you the thesis of Mr./ Ms. _____ Registration No. _____ for your assessment/ evaluation. The student is registered in ----- Program in the faculty of _____ at the _____ (College/ Institute).

Other pertinent details are as follows:

a. Title of Thesis _____

2. You are requested to provide your valuable assessment on the form attached herewith.

3. The University is thankful to you for sparing your precious time for the required assessment.

Date: _____

(Dean/ Head of Institute)

NOTE: One hard copy of the Thesis, One Digital Copy, Thesis evaluation Form.

Distribution:

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

DISSERTATION EVALUATION REQUEST
(PhD Program)

Dear Sir/Madam,

A. Formulation of Dissertation Evaluation Committee

1. Chairperson _____
2. Supervisor _____
3. Internal Examiner _____
4. External Examiner _____
5. External Examiner _____

B. Request for Thesis Evaluation for Master Program

Subject: Request for Thesis Evaluation for PhD Program

I am pleased to forward you the thesis of Mr./Ms. _____ Registration No. _____ for your assessment/evaluation. The student is registered in PhD Program in the faculty of _____ at the _____ (College/Institute). Other pertinent details are as follows:

- a. Title of Thesis _____

You are requested to provide your valuable assessment on the form attached herewith. The University is thankful to you for sparing your precious time for the required assessment.

Date: _____

(Dean/Head of Institute)

NOTE: One hard copy of the Thesis, One Digital Copy, Thesis evaluation Form.

Distribution:

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

**THESIS/DISSERTATION EVALUATION REPORT
(PhD & Master Programs)**

(To be used by Individual Examiner)

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:

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

**DISSERTATION FOREIGN EVALUATION REPORT
(PhD Program)**

I hereby, recommend that the dissertation prepared under my supervision by Mr./Ms.

_____Registration No. _____

entitled _____

may be submitted for AS&RB approval.

Reports of the following External Evaluators are attached:

External Evaluator 1: Name: _____

Institute: _____ Country _____

External Evaluator 2: Name: _____

Institute: _____ Country _____

1. Supervisor: _____ Signature: _____

Date: _____

Recommended/ Not Recommended

2. Dean: _____ Signature: _____

3. AS&RB Approval/Meeting No./Date _____

Distribution:

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

**SCHEDULE FOR THESIS/DISSERTATION PRESENTATION
(PhD & Master Programs)**

Name: _____ Registration No: _____

Department: _____ Institute: _____

Subject: _____ CGPA of Coursework: _____

Research Topic:

Proposed dates of thesis Presentation: _____

Date: _____ Supervisor Signature: _____

Date: _____ Head of Department Signature: _____

Dean Office:

Faculty _____

Final date of Schedule for thesis Presentation/Approval: _____

Dean Name: _____ Signature: _____

Date: _____

Distribution:

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

**ABSTRACT SUBMISSION
(PhD & Master Programs)**

Name: _____ Registration No: _____

Department: _____ Subject: _____ Institute: _____

Abstract:

Supervisor Name: _____ Signature _____

Date: _____

Distribution:

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THESIS/ DISSERTATION EVALUATION 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)					_____ / 20
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)					_____ / 15
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)					_____ / 20
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.

THESIS/ DISSERTATION APPROVAL COMMITTEE

1 _____
Supervisor _____ Signature _____

2 _____
Internal Examiner _____ Signature _____

3 _____
External Examiner _____ Signature _____

4 _____
External Examiner _____ Signature _____

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

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CHECK LIST FOR AWARD OF DEGREE

Name: _____

Registration No: _____

S. No.	List	Yes/ No
1.	Admission check list, admission response	
2.	Registration Form (Form No. PG: 1), Migration Form & Freezing of semester (Form No. PG: 2 & 3)	
3.	Supervisor Appointment and willingness (Form No. PG: 04/ 05)	
4.	SC formulation form (Form No. PG: 6/ PG:7)	
5.	Semester internal assessment form (Form No. PG :08)	
6.	Semester reports form (Form No. PG :10)	
7.	Report of Qualifying exam (course work) (Form No. PG:11)	
8.	IRB&EC approval letter (Form No. PG:13), Synopsis Defense Evaluation Report (Form No. PG:16)	
9.	Synopsis approval/ Qualifying exam-B) (Form No. PG :17)	
10.	Publication record form (Form No. PG:18)	
11.	Thesis/ Dissertation submission/ verification form (Form No. PG:19)	
12.	Dissertation foreign evaluation report (Form No. PG: 23)	
13.	Schedule of thesis defense & Abstract submission, evaluation report (Form No.PG:24, 24 (b) & 25)	
14.	Plagiarism report	
15.	Final Approval Report (Form No. PG-26)	
16.	Thesis/ Dissertation is written according to NUMS' guidelines (title, writing styles, references, etc.)	
17.	Certificate of approval and NOC for award of degree submission and to Controller of Examinations.	

Date: _____ Reviewed by: _____ Signature _____