

UNIVERSITY OF AZAD JAMMU AND KASHMIR MUZAFFARABAD

Directorate of Advanced Studies & Research

Ph. No. 05822-960452, E-mail: dasr@ajku.edu.pk



POSTGRADUATE THESIS EXAMINATION FORM

To be completed by the candidate

Name: _____ Registration No.: _____ Session: _____

Department/Institute: _____ Faculty: _____ Degree: _____

Semester No.: _____ Number of copies: _____ Thesis Format Checklist attached: _____

Thesis Title: _____

Date of 1st enrollment: _____ Deadline for thesis submission: _____

PDF/Word file of thesis provided to DASR Office: _____ File Name: _____

Course Work Detail:

Course Code	Credit Hours	Course Title	Instructor Name	Total Marks	Marks obtained

Signature of scholar: _____

Date: _____

Names and signatures of Supervisory Committee

1. _____ 3. _____

2. _____ 4. _____

Chairperson/Director

Dean, Faculty of _____

Director Advanced Studies & Research