



# THESES EVALUATION FORM

ABBOTTABAD UNIVERSITY OF SCIENCE & TECHNOLOGY

FORM - XVII

## SCHOLAR INFORMATION

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Scholar's Name:

Roll No.:

Registration No:

Degree Program: MPhil:

PhD:

BS:

Other:

Degree Title:

Name of Supervisor:

Designation:

Faculty :

Department:

Theses Title:

## PROPOSED EXAMINERS

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### Examiner 1

Name:

Designation:

Postal Address:

### Examiner 2

Name:

Designation:

Postal Address:

### Examiner 3

Name :

Designation:

Postal Address:

### Examiner 4

Name:

Designation:

Postal Address:

### Examiner 5

Name:

Designation:

Postal Address:

\_\_\_\_\_  
Chairman

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Controller of Examinations

Examiner 1:

Examiner 2:

Examiner 3:

Examiner 4:

Examiner 5:

\_\_\_\_\_  
Vice Chancellor

### CHECKLIST:

1. Two copies of theses for MPhil and three for PhD
2. Plagiarism certificate
3. Clearance form