**1.** Master of Science in

**FORM: GS-08 (v1)**

Department:  Course Code:

Student’s Name: Registration No:

Supervisor: Date of Examination:

Title of the Thesis:

Title must be same as notified by Registrar Office Principal Seat Islamabad

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**2. External Examiner:**

Name: Institution:

Email: Phone:

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**3. Observations: Please ( ) appropriate box Excellent Good Average Poor**

Appropriateness of research study:

Presentation of Thesis:

Command of student on conducted research:

……………………………………………………………………………………………………………………...

**4. Comments :**

Strength:

Weaknesses:

**5. Evaluation of thesis: Please ( ) one of the following boxes**

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Approved in Present Form |  | |
| b. | Approved with Minor Revisions  (Please mention the suggested revisions overleaf) |  | **Specify the time for revision**  **(one, two or three weeks)** |
|  |
| c. | Deferred with Major Revisions  (Please mention the suggested revisions overleaf) | **One Semester** | **Two Semesters** |
|  |  |
| d. | Not Acceptable | **Research on a different topic is to be undertaken** | **The candidate has terminally failed** |
|  |  |

**Signatures of Panel of Examiners:**

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<<Name>> <<Name>> <<Name>>

**External Examiner Supervisor Chairperson/HoD**

Student’s Name: Registration No:

**6. In case of 5(b), Minor Revisions to be recommended in the following box:**

I Authorize the Supervisor to ensure the incorporation of suggestions in the revised thesis without my further review. 🗆 Yes 🗆 No

**7. In case of 5(c), Major Revisions to be recommended in the following box:**

Use a separate sheet if required

**Signatures of Panel of Examiners :**

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<<Name>> <<Name>> <<Name>>

**External Examiner Supervisor Chairperson/HoD**