Form PhD-4

DOCTORAL PROGRAM

OF STUDY

(Must be type written)

National University of Sciences and Technology

**REPORT OF QUALIFYING EXAMINATION PART A – SUBJECT EXAM**

**(To be filled by Institution)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NUST Regn No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1st Attempt Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Paper-I (Major Area) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marks Obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Paper-II (Allied Area) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marks Obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_%

**PASS FAIL**

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**In case of failure in first attempt: -** List the conditions that must be met beforehand and the

date for next Qualifying Exam-Part A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date for 2nd Attempt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

yes

No

GEC Comments page by each member, clearly mentioning the reasons for student’s failure is attached.

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

**2nd Attempt Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Paper-I (Major Area) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marks Obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Paper-II (Allied Area) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marks Obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

**PASS FAIL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor

**APPROVED**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head of the Department

**COUNTERSIGNED**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean/Commandant/Principal

**Distribution:**

01 x original copy each to Exam Branch, at Main Office NUST and in student’s dossier at the School/College/Centre

01 x photocopy each to Acad Dte, Supervisor and sponsoring agency (if any).