



**National University of Sciences & Technology**  
**REPORT OF QUALIFYING EXAMINATION PART-B (ORAL EXAM)**  
**(To be filled by Institution)**

Name: \_\_\_\_\_ NUST Regn No: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Passed Part-A of the Qualifying Exam on Date: \_\_\_\_\_

**1<sup>st</sup> Attempt**    Date: \_\_\_\_\_                       **2<sup>nd</sup> Attempt**    Date: \_\_\_\_\_

**QUALIFIED    NOT QUALIFIED**

1.	GEC Member-1	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____ Dr.
2.	GEC Member-2	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____ Dr.
3.	GEC Member-3 (External)	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____ Dr.
4.	Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____ Dr.
5.	Co-Supervisor (if appointed)	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____ Dr.
6.	HOD	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____ Dr.
7.	Dean/Commandant/ Principal	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____ Dr.

**FINAL RESULT OF THE QUALIFYING EXAMINATION PART-B**

**PASS**                       **FAIL**

**In case of failure in first attempt:** - List the conditions that must be met beforehand and the date for next Qualifying Exam – Part B

\_\_\_\_\_

\_\_\_\_\_

Date for 2<sup>nd</sup> Attempt: \_\_\_\_\_

GEC Comments page by each member, clearly mentioning the reasons for student's failure is attached.  yes     No

**Finalized Research Topic:** \_\_\_\_\_

\_\_\_\_\_

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

**APPROVED**

\_\_\_\_\_  
Signature of Supervisor

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

\_\_\_\_\_  
Head of the Department

**COUNTERSIGNED**

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

\_\_\_\_\_  
Dean/Commandant/Principal/DG

**Distribution:**

01 x original copy each to Examination Dte, at Main Office NUST and in student's dossier at the School/College/Centre  
01 x photocopy each to DASR, Supervisor and sponsoring agency (if any).