

*Form PhD-6*

*DOCTORAL PROGRAM*

*OF STUDY*

*(Must be type written)*

*(Page 1 of 10)*

National University of Sciences and Technology

**THESIS EVALUATION REPORT**

**(To be filled by Institution)**

We hereby recommend that the thesis prepared under our supervision by \_\_\_\_\_(Name)\_\_\_\_\_\_\_\_ Regn No .

Titled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

be accepted as fulfilling in part of Doctor of Philosophy Degree.

**THESIS EVALUATION COMMITTEE MEMBERS SIGNATURES**

(Thesis Evaluation Committee Members’ Responses are available from page 2 to 9)

GEC Member 1: Signature :

GEC Member 2: Signature :

GEC Member (External) 3: Signature :

Supervisor: Signature :

Co-Supervisor (if appointed): Signature :

External Evaluator 1: Signature :

(Local Expert)

External Evaluator 2: Signature :

(Local Expert)

External Evaluator 3: Signature :

(Foreign Expert)

External Evaluator 4: Signature :

(Foreign Expert)

**APPROVED**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head of the Department

**COUNTERSIGNED**

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

Distribution:

1 x copy each to Director Acad, Examination Branch at Main Office, NUST and HoD, Supervisor, Co-Supervisor (if appointed), in student’s dossier at the Institution, sponsoring agency (if any), the student and each member of GEC.

**THESIS EVALUATION COMMITTEE MEMBERS’ RESPONSES**

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**GEC Member 1**

1. **Students Details: -**

a. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. Regn No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Campus : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d. Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Thesis Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. **Details of Evaluator: -**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | b. Address | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| c. Email | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | d. Current Designation | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

3. Please tick the appropriate box while answering the following questions regarding the PhD Thesis (also kindly attach separable detailed comments in response to each of the questions):

|  |  |  |  |
| --- | --- | --- | --- |
| a | Is this a significant contribution to the body of knowledge?  Comment if Any: | Yes 🗌 | No 🗌 |
| b | Do you suggest any addition, or deletion?  Comment if Any: | Yes 🗌 | No 🗌 |
| c | Please tick (🗸) one of the following boxes: - |  |  |
|  | Acceptable in its present form | 🗌 |  |
|  | Acceptable with minor revision | 🗌 |  |
|  | Major Revision (Re-evaluation required) | 🗌 |  |
|  | Unacceptable for PhD degree | 🗌 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Evaluator: | (E-signature required) | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |