



National University of Sciences & Technology REPORT OF DOCTORAL THESIS DEFENCE

Name: _____ NUST Regn No: _____

School/College/Centre: _____

Title: _____

DOCTORAL DEFENCE COMMITTEE

Doctoral Defence held on _____

	<u>QUALIFIED</u>	<u>NOT QUALIFIED</u>	<u>SIGNATURE</u>
GEC Member-1: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
GEC Member-2: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
GEC Member (External): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supervisor: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Co Supervisor (if appointed): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
External Evaluator-1: _____ <small>(Local Expert)</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____
External Evaluator-2: _____ <small>(Local Expert)</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____
External Evaluator-3: _____ <small>(Foreign Expert)</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____
External Evaluator-4: _____ <small>(Foreign Expert)</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FINAL RESULT OF THE DOCTORAL DEFENCE (Appropriate box to be signed by HOD)

PASS

 FAIL

The student _____ Regn No _____ is / is NOT accepted for Doctor of Philosophy Degree.

Dated: _____

Dean/Commandant/Principal/DG

Distribution:

01 x original copy each for DASR, Examination Dte Main Office NUST and Student's dossier at the School/College/Centre.

01 x photocopy each for HoD, Supervisor, Co-Supervisor (if appointed), sponsoring agency (if any) and 05 copies for insertion in Dissertation.

Note: * Decision of External Evaluators (Foreign Experts) will be sought through video conference, if possible, on the same date and their decision will