



National Textile University, Faisalabad
Office of the Graduate Studies & Research (OGSR)

PhD Thesis Evaluation Request Form

Student Name: _____ Registration No.: _____
Cell: _____ Email address: _____
Department/Faculty: _____ Program: _____
Title of Thesis: _____

Certificate of Clearance of University Dues & Semester Registration

Student has paid / cleared all semester/s due/s and submitted all registration form/s (pending if any).

Accounts Officer (Finance Office)
Sign & Stamp

Certificate of Fulfillment of All Requirements

It is certified that the student has completed his/her thesis under our supervision as per NTU standard format and guidelines. Further student fulfills all NTU & HEC prerequisites for evaluation of his/her thesis from local and foreign examiners, the detail of which as is under.

1. Date of Admission: _____ (Date of 1st semester commencement) CGPA: _____
2. Comp-Examination Passed within first two years: _____ (Date of Exam Passed/ **As per HEC**)
3. Synopsis Approved by ASRB (Meeting No): _____ (Copy of Notification / **As Per NTU**)
4. Title of Research Paper Published from Thesis (**As per HEC**): _____

(Attach Copy of Publication with ORIC Certificate - Affiliation of publication must be with National Textile University)
5. Relevancy of Publication with Thesis (Yes/No): _____ (**As per HEC**)
6. Published in Required HEC Approved Category (Yes/No): _____ (**As per HEC**)
7. Discipline/Type of Journal*: _____ (**As per HEC**)
8. Tunritin® Similarity Index of the thesis is: _____ (should must be below **19 % As per HEC**)
(Attach copy of formatting checked thesis & Similarity Index Report / Both should be signed and stamped by Supervisor)

Student's Signature: _____ Supervisor's Signature: _____
Co-Supervisor-1 Signature: _____ Date of Submission: _____
Co-Supervisor-2 Signature: _____ Program Coordinator / Focal Person: _____

This Section is to be filled by Concerned HoD/Program Coordinator and Faculty Dean

There is no any objection / observation for PhD Thesis Evaluation of above student. Further student fulfills all NTU & HEC prerequisites for evaluation of his/her thesis from local and foreign examiners. Therefore, meeting of sub-committee of ASRB may please be arranged:

Signature HoD: _____ Signature of Faculty Dean : _____

This Section to be filled by Graduate Office, NTUp

Date of Receipt of Form / Case: _____ Remarks: _____

Signature of DGSR: _____