

CONFIDENTIAL

To: The Controller of Examinations, PMAS-AAUR

Subject: **PANEL OF EXPERTS FOR THESIS EXAMINATION**Student's Name: _____ Reg. No. _____-arid-_____: Degree: **M. Sc (Hons.)/MS/M. Phil** Subject/Major: _____

Title of Thesis: _____

as approved in AS&RB, vide letter No. PMAS-AAUR/_____ dated: _____

Supervisory Committee: 1) Major Supervisor _____ 2) Member _____ 3) Member _____ 4) Member _____								
Supervisor Designation: _____		Supervisor CNIC #: _____		Supervisor Cell #: _____		Supervisor Specialization: _____		
Sr.#	Name of the Expert with Designation / status	Name of Institution / University / Department / Organization of the Expert with Complete/Updated Postal Address (Please Avoid Abbreviations)	Electronic Address: E-mail: (mention the official Email only) Phone #: Fax #:	Expert's Academic Degree & its Subject (mention both)	Experience		Date of AS&RB Meeting (duly verified by DAS, as the list of experts approved by AS&RB)	Remarks (if any)
					Years	Field of Specialization		
1.								
2.								
3.								

Certificate: Certified that fresh/clear willingness from above four local external examiners has been taken. (CERTIFIED EMAIL COPIES TO BE ENCLOSED, PLEASE WITH SUPERVISOR'S SIGNATURE AND OFFICIAL STAMP).

Three unbound thesis duly certified by the supervisory committee that suggestions/comments from external foreign examiners have been incorporated and the form of the thesis is satisfactory and enclosed along with this panel for submission.

1). Major Supervisor: _____ Sign & Stamp
 2). Chairperson / Director: _____ (for Department) / (for Institute) Sign & Stamp
 3). Director, Adv. Std.: _____ Sign & Stamp

(Controller of Examinations)

The Vice Chancellor