

**INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD**  
**(EXAMINATION BRANCH)**

**PERFORMA FOR SUBMISSION OF THESIS FOR MS STUDENTS FOR  
EVALUATION**

**(PART-A)**

(TO BE FILLED BY THE STUDENT)

Student's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Reg. No. \_\_\_\_\_ Specialization: \_\_\_\_\_

Course work completion semester: \_\_\_\_\_

Research Topic: \_\_\_\_\_

Date of approval of proposal (Faculty Board) \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

**CONTACT ADDRESS & TELEPHONE NUMBER OF STUDENT UNTIL VIVA-VOCE  
EXAMINATION**

Address: \_\_\_\_\_

Tel No. (Home / Off): \_\_\_\_\_ Cell No. \_\_\_\_\_

Plagiarism Check: \_\_\_\_\_ CNIC/Passport. \_\_\_\_\_

Attach the copy of CNIC

\_\_\_\_\_  
Signature of Student

Sign and Stamp of Supervisor

Date: \_\_\_\_\_

## (PART-B)

(To be filled by Department)

The case is being submitted for the constitution of **Viva-Voce Examination Committee** for the student.

***Kindly propose the committee as per following detail***

Dean Faculty of: \_\_\_\_\_

|   |  |
|---|--|
| Supervisor<br>(Name / Designation)<br>Institute / Specialization) |  |
| Co-Supervisor (if any)<br>(Name / Designation)                    |  |
| Internal Examiner(s)<br>(Name/Designation)                        |  |

Nominate **One** Local examiners by the Vice President HS & R of **MS**  
Panel of External Examiners (Name/Designation & Address)

1.

2.

3.

4.

Sign and stamp of Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_

Sign of Dean with stamp \_\_\_\_\_

Date: \_\_\_\_\_

## PART-C

(TO BE FILLED BY EXAMINATIONS BRANCH)

Submission of thesis is

**In order**

**Not in order**

The student has deposited the  
required fees on account of

**Evaluation**

Rs. \_\_\_\_\_ Vide Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_

### Verification and Approval

| Serial No: | Description                                  | Date |
|------------|--|------|
| 01         | Registration No                              |      |
| 02         | Course work completion Date                  |      |
| 03         | No. of credit hours (Attach Joining Form)    |      |
| 03         | Any Zero Semester or Pre Requisite Semesters |      |
| 04         | BOF Approval Date (Attach Minutes)           |      |
| 05         | Last Date of Maximum Degree Duration         |      |
| 06         | Semester Joining                             |      |
| 07         | Thesis submission date to Examinations       |      |
| 08         | Supervisor Load                              |      |

| S.No. | Check list   | Tick                     |                          |
|-------|--|--------------------------|--------------------------|
|       |  | Yes                      | No                       |
| 1     | Overall Similarity Index less than $\leq 19\%$ using turnitin software | <input type="checkbox"/> | <input type="checkbox"/> |
| 2     | Duration of MS Studies between 1.5 to 4 years                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3     | Supervisor same university<br>Designation:                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 4     | Thesis Completion certificate from supervisor                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5     | Complete list of Examiners   |                          |                          |

Assistant Research Section

**In-charge Research Section**

**In-Charge Graduate Studies**

**Approved By Vice President (R&E) with 2 Nominees**