

**GC UNIVERSITY FAISALABAD**  
**OFFICE OF THE CONTROLLER OF EXAMINATIONS**  
**AWARD LIST FOR THESIS/PROJECT EVALUATION**



DEPARTMENT \_\_\_\_\_ SUBJECT \_\_\_\_\_ COURSE CODE \_\_\_\_\_ CREDIT HOUR \_\_\_\_\_ DATE \_\_\_\_\_

SR No	STUDENT / F.NAME, ROLL NO & REG No.	TITLE OF THESIS	MARKS AWARDED BY	
1	<b>Name:</b>  <b>Father Name:</b>  <b>Roll No:</b>  <b>Session:</b>  <b>Reg No:</b>		EXTERNAL EXAMINAR	
			FIG	WORDS

Name of External Examiner: \_\_\_\_\_ Signature: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name of Internal Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name of Chairman of Department: \_\_\_\_\_ Signature: \_\_\_\_\_ Contact No: \_\_\_\_\_