GC UNIVERSITY, FAISALABAD APPLICATION FORM FOR POST GRADUATE EXAMINATIONS (THESIS/COMPREHENSIVE)



To be filled in duplicate by the candidate in his/her own handwriting.

Student Name: ______ Father's Name: ______ Faculty: ______ Semester of Admission: ______ Date of approval Of Course Work: ______ Permanent Home/Mailing Address:

Contact Tel. /Cell No.: ______ E-mail: _____ Previous Degree ______ Year of Passing _____ Institute _____ OPTAINED | COURSE TITLE |

Contact Tel. /Cell No.: Previous Degree Institute		E-mail: Year of Passing				
	A- Major Course					
	B- Minor Courses					

Subject of Thesis as approved by the ASRB/Title of Research Report Project	
Date of Approval	
Names of the Supervisory Committee Members	
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Detail of Exam Deposited Fee: An admission fee of Rupees for MA/M.Sc./MS/M.Phil./PhD, have been deposited in the (BOP/NBP) Bank of GC University, Faisalabad branch. Rs paid vide (NBP/BOP) Challan No Dated (a copy enclosed)	
I solemnly declare that the information given in this form is correct to best of my knowledge a belief.	and
Dated Signature of the Student	
<u>Certifications/Verifications</u>	
1. Certified that Mr./Miss has worked under my guidance on tabove project and the research done is his/her bon-fide work.	he
Dated Signature of the Supervisor	
2. Certified that:-a) The candidate bears a good moral character.b) He attended at least 75% lectures and practicals in the course mentioned on page 1 & 2.	
Dated Signature of the Chairman Dept.	
3. Dated Signature of the Dean of Faculty	
4. Certified that the candidate was admitted by the ASRB to the MA/M.Sc./MS/M.Phil./PhD conduring thesemester, year and the course work, their members of supervisory committee and the subject of the synopsis, were duly approved. He/She has fulfithe residential requirements as well.	the

Director Advanced Studies GC University, Faisalabad