

Dated: \_\_\_\_\_

## The Controller of Examinations TIMES Institute, Multan.

## Subject: SUBMISSION OF Ph.D THESIS FOR EVALUATION

## STUDENT INFORMATION

Name of Student:		
Registration #:	Department:	
Program / Degree Name:	Session:	_Current Semester:
Name of Supervisor:		
Thesis Title:		

## CHECK LIST

SR. #	DESCRIPTIONS	YES	NO
1	Research Paper Published in Category		
2	Plagiarism Report (Generated by QEC Office)		
3	3 Copies of Thesis Attach		

FINANCE :		
Regular Fee till Date Clearance	Yes No	Any other Remarks:
Exam Fee till Date Clearance	Yes No	
Semester Extension (if applicable) Clearance	Yes No	
Any other Payment Clearance	Yes No	
		Account Officer
		Account Officer
QEC:		Account Officer
QEC: All requirements met Yes No		Account Officer
All requirements met	es Dated	Account Officer