

# Quaid-i-Azam University

## Examination section

Name of Candidate: \_\_\_\_\_

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

Programme of Study: Ph.D

Department: Mathematics

Date of Registration: \_\_\_\_\_

Date of Submission of Corrections: \_\_\_\_\_

Title of Thesis / dissertation: \_\_\_\_\_

S.#	Changes / Corrections / Modifications Required by the External / Internal Examiner	Changes / Corrections / Modifications made by the Candidate	Page#

Signature of Candidate: \_\_\_\_\_ Certified by Supervisor: \_\_\_\_\_

Counter signed by: Chairman / Chairperson / Director: \_\_\_\_\_

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