



ZIAUDDIN UNIVERSITY

GEC RECOMMENDATION FOR THESIS DEFENSE

It is certified that Mr./Ms. _____,

Enrollment No _____, is recommended for submission of research

thesis titled " _____

_____”.

Name & Sign of
Supervisor

Date: _____

Name & Sign of Co-supervisor / GEC Member-1

Date: _____

Name & Sign of GEC Member-2 (For PhD synopsis only)

Date: _____

Name & Sign of GEC Member-3 (External)

Date: _____

Director, Postgraduate

Date: _____

Dean

Date: _____

Please attach a copy of the thesis synopsis duly signed by the supervisor