Form4



## DIRECTORATE OF ADVANCED STUDIES AND RESEARCH (ASRB)

## UNIVERSITY OF HARIPUR, KHYBER PAKHTUNKHWA, PAKISTAN Comprehensive Examination Form (WRITTEN)

Jame of Scholar:			
ather's Name:			
Department:			
pecialization:			
emester Number:			
Pate of Enrolment & Registration No:			
lame of Supervisor & Co- Supervisor:			
Checklist Covering Minimum Criteria (attach relevant doct		TTV	
ITEMS	Yes	ATUS	
Completed course work (DMC attached)	1 es	No	
Cleared GRE/GAT test or equivalent (Result Card attached)	i		
3 CGPA $\geq$ 3 in course work (shown in DMC)			
Signature of Student	Signature of S	Supervisor	
•			
To be filled by the Chairperson/Head of Department: The following three faculty members (who offered courses at examiners:	Ph.D level) are pro	posed to be nomi	nated a
<u>Γο be filled by the Chairperson/Head of Department:</u> The following three faculty members (who offered courses at	_	posed to be nomi	nated a
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