Annexure-1

Pro forma for Summer Semester Registration

(Procedural Guidelines are attached overleaf)

(Please use additional sheets, if required)

A. Course and Teacher Details **Date:___/___/20__**

Name of Teacher:	Teacher Sign:
Department:	Program:
Course title:	Course Code:
Semester registered for: ☐Summer 20____	

B. Details of Students [Requesting to repeat i.e. to Pass or to Improve/Deficiency/Bridging course(s)]

S.No	Student Name	Registration No.	Request	Marks/Grade *(in case of request to repeat i.e. to pass or to improve)*	Signature of Student
			☐To Pass ☐To Improve ☐Deficiency/ Bridging		
			☐To Pass ☐To Improve ☐Deficiency/ Bridging		
			☐To Pass ☐To Improve ☐Deficiency/ Bridging		
			☐To Pass ☐To Improve ☐Deficiency/ Bridging		
			☐To Pass ☐To Improve ☐Deficiency/ Bridging		
Total Number of Student(s) =					

_____

Chairperson/Head of the Department

.....

A. For Directorate of Advanced Studies & Research Board /Admission Office Use

Student(s) has(have) been issued challan for payment. Student(s) may be enrolled for summer semester on showing the paid fee challan.

Signature Director Advanced & Research Board /Admissions Head/ Chairperson of Department for Enrollment:

_____

Procedural Guidelines for Summer Semester Registration

1. Chairperson/Head of the Department will first take the consent of teacher on this Pro forma, if a student approaches to Chairperson/Head of the Department for summer semester registration. Then, the Chairperson/Head of the Department will enlist the student in this Pro forma and will take signatures from all the students. Chairperson/Head of the Department has to submit this Pro forma to the Director Advanced Studies at least one day before the deadline for the registration of summer semester.
2. Student has to understand that there are a specific minimum number of students required to start summer semester. A single student may enroll in the summer semester but in such case student has to pay the fee which could be higher significantly. Furthermore, submitted fee is non-refundable and non-adjustable.
3. It would be better that firstly, the student may collect the information from other classmates who are willing to register in summer semester so that the student may get a clear idea on number of students expected to enroll in summer semester and their expected semester registration fee.
4. Chairperson/Head of the Department concerned will sign the form only if applied concerned teacher has signed the Pro forma and student is applying within the time of semester registration as per the Academic Calendar.
5. Directorate of ASRB/Admission office will collect all the applications from students and will generate the fee challan close to the last date of semester registration to ascertain the number of students and respective fee. It is the responsibility of student to remain in close contact with the concerned Directorate for issuance of challan and its payment within the due dates.
6. Directorate of ASRB will send the copy of this application to concerned Chairperson/Head of the Department for registration/enrollment of courses/semester (on ERP).
7. Student has to attach following documents for:
   a. Detailed Marks Certificates (DMCs) of the semester in which courses were failed or have less marks.
   b. Paid fee challan (for the information of concerned teacher/ Chairperson/Head of the Department).

Annexure-2

Application for Admission Cancellation and Refund of Semester Dues
(For Freshly Admitted Students in 1st Semester)
(Procedural guidelines are attached overleaf)

A. Student Details **Date:___/___/20__**

Name of student:	Father Name:
Phone Number:	Email:
Department:	Program:
Date of Fee deposit:	Amount of fee deposited:
Fee Challan Number:	
Reason for admission cancellation: _____ _____ _____	

_____
Signature of Student

.....

B. For the Use of Chairperson/HoD

Undersigned hereby state that application from above mentioned student is received by this office today dated _____ for admission cancellation and fee refund. ERP record has been updated accordingly and forwarded to Treasurer office for further process.

_____
Sign & Stamp of Chairperson/HoD

.....

C. For Treasurer Office Use

- Date of Commencement of Classes: _____ (as per Academic Calendar of the University).
- Date of application received by concerned Chairperson/HoD: _____
- Total number of working days since commencement of classes: _____days.
- Amount to be refunded as per semester rules: _____

_____	_____	_____	_____
Office Assistant	**Auditor**	**Assistant Treasurer**	**Treasurer**

Procedural Guidelines for

Admission Cancellation and Refund of Semester Dues

1. Student has to fill the application form and submit to the concerned Chairperson/HoD. Student has to attach original fee challan with application and keep a copy for personal record purpose.
2. Head of the department concerned will fill the section B, sign it and update the ERP portal, so as student may not be shown as enrolled student and waiting list can be updated (if any) so as student desirous of taking admission may get chance on time.
3. Chairperson/HOD will make sure to enter the same date on which he/she received this application form as amount of refund will be determined from the date on which Chairperson/HoD received this application from the student.
4. Forward the application to the Treasurer office for further process and keep the copy for record purpose.
5. Treasurer office will process the case and will intimate the student due amount to be refunded as per semester rules within one month.

Annexure-3

REQUEST FOR SUBMISSION OF SEMESTER DUES IN INSTALLMENTS

The Director ASRB/Director Admissions

The University of Haripur

Through: The Chairperson/Head of the Department/Program……

Respected Sir,

It is requested to kindly allow me to submit Semester Fee in 2 installments as per terms and conditions mentioned overleaf.

1	1st Installment	Admission Fee and Other Charges	Amount:
2	2nd Installment	Tuition fee of semester	Amount:

Name: (in CAPS)……. Father Name:……..

Department / Program:……. Student Signature:……..

Guarantor Statement

I hereby Guarantee that above mentioned applicant shall submit / deposit the 2nd installment of semester fee before midterm examination of semester ……. failing which Treasurer / Finance Office of the University of Haripur is authorized to deduct the 2nd installment from my salary.

Name:…….. Signature & Stamp:……..

Department:…….. Date:…….

Remarks / Recommendation of Head of Department

_____

Name: …… **Signature & Stamp**……

Date:……...

Note: The Chairperson/ HoD concerned will forward the request to Director ASRB/Director Admission to provide the fee voucher. Director ASRB

Signature with date:……

Annexure 4

HIGHER EDUCATION COMMISSION

H-9, Islamabad (Pakistan), Phone: (051) 90802750 Fax: (051) 90802753
Email: ismaeel@hec.gov.pk

Muhammad Ismail
Consultant (**Quality Assurance Division**)

NO. DUAL DEGREE/AD-1/QA/HEC/2015/674
Dated: November 13, 2015

Subject: **Policy for Two Degrees Awarded in Same Year or Session Clash with Same or Different Mode**

Dear Sir/Madam,

I am pleased to forward herewith the policy on the subject of two degrees awarded at the same time or with session clash approved by the Higher Education Commission in its meeting held on October 27, 2015;

S.No	Degree I	Degree II	Policy Decision
1	Bachelor/Master degree obtained in **regular** mode in the **Morning session** in one university.	Bachelor/Master degree obtained in **regular** mode in the **Morning session** in the **same** university.	Degrees with time clash are not allowed.
2	Bachelor/Master degree obtained in **regular** mode in the **Morning session** in one university.	Bachelor/Master degree obtained in **regular** mode in the **Morning session** in **different** university.	Degrees with time clash are not allowed.
3	Bachelor/Master degree obtained in **regular** mode in the **Morning** Session in one university.	Bachelor/Master degree obtained in **regular** mode in the **Evening** session in the **same** university.	This combination of degrees is allowed provided that: a) Admission requirements are met. b) Written permission is obtained from university before joining programs.
4	Bachelor/Master degree obtained in **regular** mode in the **Morning** Session in one university.	Bachelor/Master degree obtained in **regular** mode in the **Evening** session in **different** university located in the same city.	This combination of degrees is allowed provided that: a) Admission requirements are met. b) Written permission is obtained from both universities before joining

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Annexure 4

			programs.
5	Bachelor/Master degree obtained in the **regular** mode in one university.	Bachelor/Master degree obtained in the **private** mode in the **same** university.	This combination of degrees is allowed.
6	Bachelor/Master degree in the **regular** mode in one university.	Bachelor/Master degree obtained in the **private** mode in **different** university.	This combination of degrees is allowed.
7	Bachelor/Master degree obtained in the **regular** mode in the same session/year.	Bachelor/Master degree obtained through **Distance Learning** mode in the same session/year.	This combination of degrees is allowed.
8	Bachelor/Master degree obtained in the **private** mode in one university in the same session/year.	Bachelor/Master in the **private** mode in the same university in other discipline in the same session/year.	This combination of degrees is allowed.
9	Bachelor/Master degree obtained in the **private** mode in one university.	Bachelor/Master degree obtained in the **private** mode in **different** university.	This combination of degrees is allowed.
10	1-Year B.Ed degree obtained in the **private** mode from one university in one academic year/session.	2-Year M.A in any discipline obtained in the **private** mode from the same University in the same academic year/session.	This combination of degrees is allowed.
11	2-Year Degree (Science) obtained in the **regular** mode in one university in one academic session/year.	2-Year degree (Arts/ Social Science) in the **private/Distance Learning** mode in the same or different university in one academic session/year.	This combination of degrees is allowed.

Other Policy Guidelines:

1. In the case of Professional Degrees, the permission of respective councils, for example, Pakistan Medical and Dental Council (PMDC) and Pakistan Engineering Council (PEC), would be required.

2. Degrees with time clash are not allowed in any case.

3. For all above-mentioned degree programs if the policy of university does not allow for any mode, the degree program must not be started.

4. Students shall meet the pre requisites viz admission requirements of programs.

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Annexure 4

Note: The policy will be enforced with effect from Fall Semester 2015. All degrees awarded previously fulfilling any of the above-mentioned acceptable combinations, will be recognized. The degrees issued previously before the enforcement of the policy that are not in line with the provision of the policy shall not be recognized.

With kind regard,

(Muhammad Ismail)

The Vice-Chancellor/Rector/President
All Public/Private Sector Universities

Copy for Information.

- The Chairman, HEC Islamabad
- The Executive Director, HEC Islamabad
- The Director General (A&A), HEC, Islamabad
- The Director General (Academics), HEC, Islamabad
- The Director General (A&C), HEC, Islamabad
- Office Copy

Annexure-5

Pro forma for Semester Registration

(Procedural guidelines are attached overleaf)

A. Student Details

Date:___/___/20__

Student Name:	Roll/Reg. No.:
Department:	Program:
Semester to enroll: ☐ Spring ☐Fall	20____
Total No of semesters studied:	CGPA:
Contact No. :	Email:

B. Details of Courses to be registered by the Student in a semester

(Please note that the course type may include Major, Minor, Optional, Distributary Requirement, Repeat i.e. to pass or to improve, non-credit courses etc)

Course Code	Course title	Cr. hr	Course type (Major, minor, DR etc.)	Department offering the course
Total Cr. hrs. of current enrolled semester			Total Cr. hrs. must not be less or more than the allowable limits required for a semester.	

1. Signature of Student

2. Name/Signature of Supervisor

3. Chairperson/Head of the Department

4. Signature Director ASRB/Admissions

Procedural Guidelines for Semester Registration

1. Students have to fill the application form and make sure that all the courses selected are offered by the respective departments.

2. HoD concerned will sign the form only if applied course is offered and student is applying within given time.

3. Student has to get sign of allotted academic advisor. Concerned Teacher/Supervisor has to look carefully that courses opted including improvement/repeat etc. meet the requirement of degree/scheme of study and total load of semester is within limits. Secondly, considering the current academic record (CGPA) and other circumstance of student in view, advise the student if taking more courses may not impact the overall performance of student.

4. Pay the due fee in stipulated time.

5. Head of the department will keep the soft copy of record.

Annexure-6

Application for Registration/Withdrawal of Course(s)

(Procedural guidelines are attached overleaf)

A. Student Details **Date:___/___/20___**

Department:	Program:
Name of student:	Reg. No.:
Current Semester: ☐ Spring ☐ Fall	Year: 20____
Total number of semesters studied *(Count Spring and Fall Semesters only)*: _____	CGPA:

Course Code	Course title	Cr. hr	Marks/ Grade	Request for a course to	Signature of HoD concerned
				☐ Add ☐ Withdraw	
				☐ Add ☐ Withdraw	
				☐ Add ☐ Withdraw	
				☐ Add ☐ Withdraw	
				☐ Add ☐ Withdraw	
				☐ Add ☐ Withdraw	
				☐ Add ☐ Withdraw	
Total Cr. hrs. to improve/repeat/withdraw			Total Cr. hrs. must not be less or more than the allowable limits required for a semester.		
Total Cr. hrs. of current enrolled semester					
Net Cr. hrs. to be studied					

_____ _____

Signature of the Student **Name/Signature of Supervisor**

.....

B. For Directorate of ASRB/Admission Office Use

Student has paid the fee against improvement/repeat of _____ (No.) course(s) so may please be enrolled for the mentioned course(s).

_____

Signature
Director ASRB/Admissions **Date: _____**

Procedural Guidelines for Registration/Withdrawal of Course(s)

1. Students who could not add a course(s) at the time of semester registration, may apply on the given pro-forma within the prescribed time and get it signed from all Heads/Chairpersons of Departments offering courses in semesters.

2. Same procedure is to be followed by the students seeking withdrawal of already registered course(s).

3. Head/Chairperson concerned will sign the form only if applied course is offered and student is applying within given time.

4. Student has to get sign of allotted Supervisor. The Supervisor has to look carefully that after taking courses for improvement/repeat or withdrawal of subject total load of semester is within limits. Secondly, considering the current academic record (CGPA) and other circumstance of student in view, advise the student if taking more courses may not impact the overall performance of student in other courses.

5. Get the fee challan from Directorate of Advanced Studies & Research/Admissions and pay the due fee for improvement/repeat of courses/semester. Paid dues are non-refundable and non-transferable. For withdrawal of course or repeating the course with "W" grade **NO FEE** and sign from Director Advanced Studies/Admissions are required.

6. Students have to present attested (by Directorate of Advanced Studies/Admissions) copy of this application to concerned HoD for registration/enrollment of courses/semester (on ERP).

7. Student has to attach following documents for improvement/repeat of courses

   a. DMCs of the semester in which courses were failed or have less marks

   b. Paid fee challan

Annexure-7

Pro forma for Repeating/Improving Or Bridging Semester Course(s)

(Procedural Guidelines are attached overleaf)

(Please use additional sheets, if required)

A. Course and Teacher Details **Date:___/___/20__**

Name of Teacher:	Teacher Sign:
Department:	Program:
Course title:	Course Code:
Semester registered for: ☐Summer 20____	

B. Details of Students [Requesting to repeat i.e. to Pass or to Improve/Deficiency/Bridging course(s)]

S.No	Student Name	Registration No.	Request	Marks/Grade *(in case of request to repeat i.e. to pass or to improve)*	Signature of Student
			☐To Pass ☐To Improve ☐Deficiency/ Bridging		
			☐To Pass ☐To Improve ☐Deficiency/ Bridging		
			☐To Pass ☐To Improve ☐Deficiency/ Bridging		
			☐To Pass ☐To Improve ☐Deficiency/ Bridging		
Total Number of Student(s) =					

_____

Chairperson/Head of the Department

.....

A. For Directorate of Advanced Studies & Research Board /Admission Office Use

Student(s) has(have) been issued challan for payment. Student(s) may be enrolled for summer semester on showing the paid fee challan.

_____

Signature Director Advanced & Research Board /Admissions Head/ Chairperson of Department for Enrollment.

Annexure-8

Pro forma for Student Clearance

(Procedural guidelines are attached overleaf)

Reason for Clearance
☐ Examination Admit Card ☐ Migration ☐ Official DMC/Transcript ☐ Degree
☐Admission cancellation ☐ Security refund

A. Student Details **Date:___/___/20__**

Name of student:	Reg./Roll No.:
Department:	Program:
Current Semester of enrollment: ☐ Spring ☐ Fall 20____ OR ☐ Not applicable	
Total No of semesters studied:	CGPA:

B. Clearance from Sections/offices

SN	Section/office	Clearing officer	Signature	Date	Remarks
1.	Library				
2.	Sports				
3.	Warden/provost				
4.	Transport				
5.	Chief Proctor				
6.	Treasurer				

A. **Course Attendance and Evaluation**

Course code	Course Name	Attendance (%)	Course Evaluation (Yes/No)	Teacher Evaluation (Yes/No)

Student Sign:_____ **Head/Chairperson of Department: _____**

B. <u>For Use of Directorate of Advanced Studies/ Admission office</u>

Verifying Assistant: _____ **Director: _____**

……..

The University of Haripur
Examination Admit Card

Name:	Reg./Roll No.:
Department: Program:	
Semester:	Director ASRB/Admission_____

Student applying for Examination Admit Card, attach one photo here

Note: ERP generated form requires signature of Head/Chairperson of the Department only.

Guidelines for Student Clearance

1. Librarian will confirm that the student does not owe to the university any book(s) or any other library's information material(s).
2. Director sport will verify the students for any pending dues.
3. Transport officer will verify that no dues are pending against the student.
4. The Head/Chairperson of the Department will check that the student has covered all the required credit hours, meet the required attendance for each enrolled course and no departmental/lab dues are pending. If a student is short of required attendance in any course, such student will be not allowed to sit in that respective paper.
5. Warden/Provost has to verify that no outstanding fee is pending for the services/hostel availed by the student.
6. Chief proctor will check any violation/breach of the UoH Students Disciplinary Rules and Regulations and will impose fine.
7. Student has to present this clearance/admit card to teacher on entrance to examination hall, or to the Controller of Examinations at the time of applying for issuance of Transcript.
8. Students applying for Degree are also required to fill the prescribed pro forma available on the University's website at www.uoh.edu.pk.

Annexure-9

Pro forma for Freezing of Semester

(Procedural guidelines are attached overleaf)

A. Student Details **Date:___/___/20__**

Department:	Program:
Name of student:	Reg. No.:
Total No. of semesters studied:	CGPA:__
Last Attended Semester: ☐ Spring ☐ Fall 20__	
Number of semester(s) to freeze: 1 OR 2 Semester(s) to freeze 1) ☐ Spring ☐ Fall 20__ 2) ☐ Spring ☐ Fall 20__	

_____ _____

Signature of Student **Name/Signature of Supervisor**

.....

B. For the Use of Head/Chairperson of the Department

Application received
- ☐ Within two weeks of the commencement of classes
- ☐ Before commencement of mid-term examination
- ☐ Before commencement of terminal examination

_____

_____

Dated: _____ _____

Signature of Head/Chairperson of Department

C. For the Use of concerned Dean

_____

_____

Dated: _____ _____

Signature of concerned Dean

Procedural Guidelines for Freezing of Semester

1. Student has to fill the application form and get it signed from the concerned supervisor.
2. Head/Chairperson of the department concerned will fill the section B, sign it and forward to concerned Dean. Each Head/Chairperson of the department will maintain the student freeze/unfreeze file and case will be moved to Dean.
3. After the approval from Dean, the concerned Head/Chairperson of the department will intimate the student to pay the semester fee (or as the case may be) through Directorate of Advanced Studies/Admission office.
4. At the time of unfreeze, if the frozen semester is not offered, student may join the next offered semester (or the previous semester in case of improvement/repeating) and will repeat the missing semester whenever offered. Moreover, student may opt leftover courses during the remaining duration of degree program.
5. Head/Chairperson of the department will notify the freezing of semester(s), update the ERP/record and intimate the relevant offices i.e. concerned Dean, Admission office/Directorate of Advanced Studies, Directorate of IT Services, Registrar office, Treasurer office, Controller of Examinations at UoH and the concerned student as well.

Annexure-10

Pro forma for Unfreezing of Semester

(Procedural guidelines are attached overleaf)

A. Student Details **Date:___/___/20__**

Department:	Program:
Name of student:	Reg. No.:
Total No. of semesters studied:	CGPA:__
Last Attended Semester: ☐ Spring ☐ Fall 20__	
Number of frozen semester(s): 1 OR 2 Semester(s) Frozen 1) ☐ Spring ☐ Fall 20__ 2) ☐ Spring ☐ Fall 20__	
Semester requesting for unfreeze: ☐Spring ☐Fall 20__	

Signature of Student **Name/Signature of Supervisor**

.....

B. For the Use of Head/Chairperson of the Department

Application received ☐ Within two weeks of the commencement of classes

Student will be admitted in _____ Semester (mention sequence e.g. 1st, 2nd, 3rd etc) after unfreezing.

_____

_____

Dated: _____

Signature of Head/Chairperson of Department

C. For the Use of concerned Dean

_____

_____

Dated: _____

Signature of concerned Dean

Procedural Guidelines for Unfreezing of Semester

1. Student has to fill the application form and get it signed from the concerned supervisor.
2. Head/Chairperson of the department concerned will fill the section B, sign it and forward to concerned Dean. Each Head/Chairperson of the department will maintain the student freeze/unfreeze file and case will be moved to Dean.
3. After the approval from Dean, the concerned Head/Chairperson of the department will intimate the student to pay the semester fee (or as the case may be) through Directorate of Advanced Studies/Admission office.
4. At the time of unfreeze, if the frozen semester is not offered, student may join the next offered semester (or the previous semester in case of improvement/repeating) and will repeat the missing semester whenever offered. Moreover, student may opt leftover courses during the remaining duration of degree program.
5. Head/Chairperson of the department will notify the unfreezing of semester(s), update the ERP/record and intimate the relevant offices i.e. concerned Dean, Admission office/ Directorate of Advanced Studies, Directorate of IT Services, Registrar office, Treasurer office, Controller of Examinations at UoH and the concerned student as well.

Annexure-11

Pro forma for Make-up Examination

A: To be Filled by the Student

Student Name:	
Department:	
Program:	
Roll No.	
Registration No.	
Semester:	
Request for make-up examination:	☐ Mid-Term ☐ Terminal
Justification for make-up Examination Request:	☐
Documentary evidence	☐ Provided ☐ Not Provided

Course(s) Details:

S.No.	*Course Title*

Note: Please be informed that request for make-up examinations shall not be entertained for failed students.

Student Signature: _____ **Date: _____**

.....

B: To be Filled by the concerned Head/Chairperson of Department

☐ **Approved** ☐ **Not Approved**

Remarks:

_____

_____

_____
Signature
Head/Chairperson of the Department **Date: _____**

.....

C. <u>For Directorate of Advanced Studies/Admission Office Use</u>

Student has paid the fee for make-up examinations for _____ (No.) course(s), so may please be considered for the mentioned course(s).

_____
Signature
Director Advanced Studies/Admissions **Date: _____**

Annexure-12

APPLICATION FOR TRANSFER OF CREDITS/EXEMPTION

Part A. To be filled by student.

Student's Name:_____ Name of Parent Institution: _____

Program studied:_____ Total Semesters passed: _____ CGPA:_____

Probations availed: _____ Program applied for at UoH:_____

A. COURSES ATTENDED AT PARENT UNIVERSITY (To be filled by applicant)					B. EQUIVALENT COURSES AT THE UNIVERSITY OF HARIPUR (To be filled by GAC- UoH)			
Course Code	Subject	Credit Hours	Grade/ %age	⇨	Course Code	Subjects	Credit Hours	Grade/ %age

Note: If a course in Column-A is not as per departmental BoS approved course contents (>70% similarity) then mark it as "Non Transferable" in Column-B above.

C. FAILED COURSES OR COURSES WITH GRAD LESS THAN C^+ (<69%) IN PARENT UNIVERSITY (To be filled by applicant)			
Course Code	**Subject**	**Credit Hours**	**Grade/ %age**

D. DEFICIENCY COURSES TO BE STUDIED AT THE UNIVERSITY OF HARIPUR (To be filled by GAC-UoH)		
Course Code	**Subjects**	**Credit Hours**

Affidavit: I, undersigned, hereby state that all the information and documents provided are true in best of my knowledge. If any information/documents found incorrect/fake, then I shall solely be responsible for it and The University of Haripur reserves the right to take legal action against me, including cancellation of admission or degree.

Name of student: _____ **Student's Signature:_____**

Phone No. _____ **Date of application: _____**

Check List

- Attested/Verified photocopies of all academic certificates (from matriculation onwards).
- Original/Verified transcripts of the semester(s) issued by the Controller of Examination Office of the parent university.
- Original recent Bonafide Certificate from the parent university.
- No Objection Certificate (NOC)/Migration Certificate issued from the parent university (in original).
- Complete scheme of studies with course contents of parent institution.
- Attested photocopy of NIC._____

Part B. To be filled by Departmental GAC

a. A total of _____ Subjects with _____ credit hours are recommended for transfer.

b. Student has to study _____ subjects of _____ credit hours as deficiency courses (If applicable).

c. Additional remarks: _____

_____

.

Member-1:_____ Member-2:_____ Member-3:_____

_____

Head of Department
(Convener)

Part C. To be filled by Faculty Credit Transfer Committee

Transfer of credit hours ☐ Allowed ☐ Not allowed

Remarks of the Committee:

_____

_____

_____

_____

Member-1:_____ Member-2:_____ Member 3:_____

_____

Dean of the Faculty
(Convener)

Annexure-13

Unfair Means Dealing Pro forma

(Please attach this Pro forma with Script)

Student Name: _____ Roll No. _____

Registration No._____

Program: _____ Semester: _____

Examination: Mid Term / Final Term_____ Date:_____

Course title: _____

Invigilator/ Inspector's Statement:

_____

_____

_____

_____

_____

_____

_____

_____

Invigilator/Inspector Name: _____

Invigilator/Inspector Signature: _____

Note: Cheating material must be attached with the answer script.

Annexure-14

Application for Official Transcript/Provisional

(Instructions for the candidate are attached overleaf)

Academic Program [ ]

Student's Affiliation: ☐ **University** **Document requirement:** ☐ **Normal Fee** ☐ **Urgent Fee**

Student Name: (In Capital)	**Father Name: (In Capital)**
Department:	**Program:**
College/University Registration No.	**Roll No.** **Section**(if any)
Contact No.	**Session:**
Address (if to be delivered by post):	
CNIC No.	- -

Signature of the Student

Certificate & Confirmation: I certify that the applicant is the same person whose particulars are given above and are correct. He/she has completed all the formalities laid down under the UoH semester rules for award of Transcript/Provisional Certificate and he/she has deposited Rs. _____ vide bank Challan No._____ Dated_____(Original Receipt Attached).

Checklist:

1. Student has passed all the subjects of first 4 semesters (In case MS/MPhil/M.Sc(Hons/MBA) or 8 semesters (in case of PhD) …… **YES/NO**
2. CGPA is 2.50 or above (in case of PhD) ……..**YES/NO**
3. If any compart, then student has cleared it within due degree duration…… **YES/NO**
4. If student having compart in first 4 or 8 semesters and appears later on to pass the failed course(s),unattended semester has been frozen/suspended……..... **YES/NO**
5. All the results/nomenclature of the subjects/degree have been verified…….. **YES/NO**

Date…….

Chairperson/HoD

Official Stamp…….

……

For Examination Office (Only)

Dealing Superintendent/Assistant (Semester System)	**Accountant** (Examination)	**Controller of Examinations** (The University of Haripur)

Instructions for the Candidate

Important Note:
This form should be filled in accordance with the following instructions. Incomplete form will not be entertained and shall be returned OR kept pending till the deficiency is removed.

A.	**Checklist for Original Transcript & Provisional Certificate**	**Yes**	**No**
i.	Clearance form duly signed from all relevant sections/heads in original or attested copy. ERP generated clearance form requires the sign of HoD only.		
ii.	Copy of attested SSC Certificate		
iii.	Departmental Transcript which show overall semester's CGPA & Percentage		
iv.	Copy of C.N.I.C		
v.	Passport size picture with white background (Attested backside)		
vi.	Original Bank Receipts of authorized Banks with the required amount deposited in the designated accounts of the Controller of Examinations the University of Haripur. **Fee remitted through Money Order is not being accepted.**		

B.	**Checklist For Duplicate Transcript**	**Yes**	**No**
1.	Copy of original Transcript (if available)		
2.	Departmental Transcript which show overall semester's CGPA & Percentage		
3.	Copy of attested SSC Certificate		
4.	Copy of C.N.I.C		
5.	Affidavit (in Original)in case of stolen or misplace		
6.	Passport size picture with white background (Attested backside)		
7.	Original Bank Receipts of authorized Banks with the required amount deposited in the designated accounts of the Controller of Examinations the University of Haripur. **Fee remitted through Money Order is not being accepted.**		

I. The Examination Section will not be held responsible for delay in issuance of Transcript in stipulated period due to incomplete/wrong information OR non-availability of Controller of Examinations/concerned Officer or during the time of printing machine's maintenance.

II. Corrections are free of charge within fifteen days after the Transcript has been issued (only clerical mistake on the University's behalf).

III. For Fee detail please visit schedule on University website *http://www.uoh.edu.pk/examinations.php?page=MzA0*

IV. Issuance of the documents and their working days as follows:

S.No	Category	Issuance Period
1	Transcript & Provisional Certificate (Normal)	15 Working Days
2	Transcript & Provisional Certificate (Urgent)	07 Days
3	Correction	07 Working Days
4	Associate Degree (Transcript)	20 Working Days

Declaration:
*I have completed all the requirements for the award of Transcript/Provisional Certificate and have deposited Rs. _____ for Transcript/Provisional Certificate vide bank Challan No._____ Dated_____(**Original Receipt No. 3** is Attached).*

_____
Signature of Candidate

THE UNIVERSITY OF HARIPUR
SEMESTER RULES AND REGULATIONS
For Graduate Academic Programs
(Revised - 2022)

Annexure-15

Form submitted to The University of Haripur, Examination Section on dated:_____

Paste Passport size photo with white background

DEGREE APPLICATION FORM

Normal Fee ☐

Urgent Fee ☐

Title of Degree: _____

A. Student's Academic Details **Date:___/___/20__**

Name (Capital letters):	
Father's Name (Capital letters):	
Department:	Roll No:
Program passed:	Registration No.
Specialization (if any):	Year/session enrolled:
Year/session of passing: _____	Fall/Spring _____
Total No of semesters/years studied:	CGPA:

B. Address

Present Address:	Permanent Address:
Phone No:	Email:

CNIC #						-									-	

Certificate: *I, the student, solemnly confirm that all the particulars are written above are correct and completed all the formalities laid down under the University of Haripur semester/annual rules for applying of award of Degree and deposited* ***Rs._____ vide bank Challan No._____ Dated_____(Original Receipt Attached)****.*

_____
Signature of the Candidate

Attestation:(Please Read instruction No.**3** overleaf)
Department Chairperson/HoD

Name: …… Signature & stamp :……...

Form Received by: **FOR OFFICE USE ONLY**

_____	_____	_____	_____
Registration Section	**Account's Section**	**Checked by**	**Superintendent/Assistant Controller**
Provost/ASRB	Examinations	Semester/Annual	Semester/Annual

_____
Degree Section

_____
Controller of Examinations

INSTRUCTIONS FOR THE CANDIDATE

IMPORTANT NOTE: This form should be filled in accordance with the following instructions *Incomplete form will not be entertained and shall be returned OR be kept pending till the deficiency is removed*.

1.	**Checklist For Original Degree**	**Yes**	**No**
i.	Copy of attested S.S.C Certificate; the same shall be used for reference of name of the applicant on the degree (Do not use to take print from *WhatsApp source* because it reduce the quality of file so, use pdf file)		
ii.	Attested copy of Transcript and Provisional Certificate		
iii.	Clearance Form for Degree		
iv.	Social Work Completion Certificate duly signed by the relevant authority if applicable		
v.	Copy of C.N.I.C		
vi.	Passport size picture with white background (Attested backside)		
vii.	Original Bank Receipts of authorized Banks with the required amount deposited in the designated accounts of the Controller of Examinations the University of Haripur. **Fee remitted through Money Order is not being accepted.**		

2.	**Checklist For Duplicate Degree**	**Yes**	**No**
i.	Copy of original Transcript (if available)		
ii.	Clearance Form for Degree		
iii.	Attested copy ofS.S.C Certificate		
iv.	Copy of C.N.I.C		
v.	Affidavit (in Original) in case of stolen or misplaced		
vi.	Passport size picture with white background (Attested backside)		
vii.	Original Bank Receipts of authorized Banks with the required amount deposited in the designated accounts of the Controller of Examinations the University of Haripur. **Fee remitted through Money Order is not being accepted.**		

3. Regular students are required to provide Degree Form duly attested from the head of the concerned Department while private candidates are required to provide aforementioned documents being attested from a Gazetted Government Officer.

4. The Examination Section will not be held responsible for delay in issuance of Transcript in stipulated period due to incomplete/wrong information **OR** non-availability of Controller of Examinations/Vice Chancellor **OR** during the time of printing machine's maintenance.

5. Corrections are free of charge within fifteen days after the Degree has been issued.

6. For Fee detail please visit schedule on University website *http://www.uoh.edu.pk/examinations.php?page=MzA0*

7. If someone wishes to receive the degree on behalf of the student, please bring the original CNIC of the student.

8. Issuance of the documents and their working days are as follows:

S.No	Category	Issuance Period
1	Degree (Normal)	One Month (in Working Days)
2	Degree (Urgent)	10 Working Days
3	Duplicate Degree (Normal)	10 Working Days
4	Duplicate Degree (Urgent)	10 Working Days

Declaration: *I have completed all the requirements as per rules of The University of Haripur for the award of Degree and have deposited Rs. _____ date _____ original Receipt No.3 is herewith attached.*

_____

Annexure-16

Medium of Instruction Certificate (Specimen)

(Each Department should use their own letter head to Issue this certificate)

Date……

TO WHOM IT MAY CONCERN

This is to certify that Mr. Ms. Mrs. _____ bearing Registration No. _____ has completed Graduate academic program of _____, Session _____ with English as Medium of Instruction at The University of Haripur, Khyber Pakhtunkhwa, Pakistan.

_____

Chairperson/Head of Department

Official Stamp…….

Annexure-17

Progress Report of Research Scholar

(To be completed by the Supervisor and sent to the Directorate of ASRB through the Chairperson/HoD)

☐**MS/MPhil or equivalent** ☐ **PhD**

	Progress Report No:
Scholar's Name:	**Reporting Semester:**
Reg. No:	**Program:**
Department:	**Faculty:**
Thesis Title:	

Comments/Assessment:

(Please include the progress of scholar regarding research work, lab/field work, paper publication, if any. Use extra sheet if necessary)

_____

_____

_____

_____

As per my assessment, the progress during the period is:

a. Satisfactory ☐ **b. Unsatisfactory** ☐

Dues Submission Status: (a) Fee submitted **(b)** Fee Defaulter

Supervisor's Name & Signature:_____ **Date:** _____

Chairperson/HoD: _____

_____

Director ASRB

Annexure-18

Antiplagiarism Certificate

(By supervisor)

Date: ____/____/20

Scholar's Name:	☐**MS/MPhil or equivalent** ☐ **PhD**
Reg. No:	**Semester:**
Program:	**Department:**
Thesis Title:	

It is to certify that the above scholar's thesis has been completed to best of my satisfaction and, to my belief, its standard is appropriate for submission and external evaluation. I have also conducted plagiarism test of this thesis using HEC prescribed software and found similarity index at _____ that is within the permissible limit set by the HEC for the MS/MPhil/PhD degree thesis. I have also found the thesis in a format approved by the University.

Name of Supervisor: _____

Supervisor's Signature: _____

Countersigned by Chairperson/HoD:_____

Checked by: Name and Signature:_____

Director QEC: _____

Annexure-19

Ethical Review Form

Part-I

This Form is designed to ensure that the departmental research operates and ethical review process falls within the University guidelines. Any scholar undertaking research on live human subjects needs to fill this form. If all questions in this Form are answered 'No', ethical approval shall automatically be granted. If any of the questions is answered 'Yes', the scholar shall be required to fill Part-II of this form which shall be reviewed by the Ethical Review Committee (ERC). Scholars shall be informed about the decision of ERC accordingly. If needed, the scholar may be asked to submit further information and appear before the ERC for discussion.

Scholar's Name:	**Supervisor Name:**
Reg. No:	**Semester:**
Program:	**Department:**
Thesis Title:	

Aim of Study, Source(s) and Method(s) of Data Collection (in not more than hundred words)

Please answer all of the questions below by ticking 'Yes' or 'No' in the box provided

S.No	Questions	Yes	No
1.	Does the study involve participants who are particularly vulnerable or unable to give informed consent? (e.g. people under the age of 18, people with learning disabilities etc.)		
2.	Will it be necessary for the participants to take part in the study without their knowledge and consent?		
3.	Does the study involve audio or visual recording of people in public places?		
4.	Will the study involve the discussion of sensitive topics? (e.g. sexual activity, drug use, illegal activities, death, whistle-blowing etc.)		
5.	Are drugs, placebos or other substances to be given to the study participants for the purpose of study, or will the study involve invasive, intrusive or potentially harmful procedures of any kind?		
6.	Will blood or tissue samples be obtained from the participants?		
7.	Is physical pain or psychological stress being part of this research work is likely to cause harm or negative consequences to the participants?		
8.	Will the study involve prolonged or repetitive testing on the Participants?		
9.	Will financial inducements (other than expenses) be offered to Participants?		
10.	Will the study involve recruitment of patients or staff?		

If you have answered 'yes' to any of these questions, please fill in Part-II as well. Otherwise, simply submit Part-I of the form.

Student's name & Signature: _____ Date:_____

Part-II

A. In consultation with the supervisor, the student is required to give following information:

Scholar's Name:	
Program:	☐**MS/MPhil or equivalent** ☐ **PhD**
Thesis Title:	
Reasonof answering 'yes' to one or more of the questions in Part-I of the Form, and the plan to address the ethical issues raised:	

Supervisor's Comments and Signature:_____

Scholar's Name & Signature: _____ Date: _____

Supervisor Name & Signature: _____

B. Student is also required to do the following:

1. Prepare an information letter for their participants. The letter needs to introduce the scholar and provide a simple explanation of the research. It needs to make clear what the participants are asked to do, how long the research work will take. The letter shall also include whether it will be/not be anonymous and/or confidential and who will have access to the data.

2. Prepare a Consent Form containing the phrases "I agree to participate in the research work _____ and I understand my information will be/will not be treated as confidential, and/or anonymous."

Scholar's Name & Signature: _____ Date: _____

Annexure-20

Research Synopsis Evaluation Report
(By GRC Member)
☐MS/MPhil or equivalent ☐ PhD

Scholar's Name:	**Supervisor Name:**
Reg. No:	**Semester:**
Program:	**Department:**
Thesis Title:	

(Range of Marks: Excellent 90-100; Very Good 80-89, Good 70-79, Satisfactory >60-69, Unsatisfactory<60

Evaluation Criteria	**Marks (Each section having 20 marks Maximum)**
(1) Research Topic:	
Clarity of written presentation (10 marks)	
Depth and Justification w.r.t. degree program and background study (10 marks)	
(2) Quality of the written Proposal:	
All essential elements (topic, literature review, problem definition, etc.) (10 marks)	
Student's write-up	
(3) Comprehension of Subject matter:	
Knowledge of background literature (10 marks)	
Ability to form a hypothesis and objectives (10 marks)	
(4) Knowledge of Methodology:	
Methodology of work presented with articulacy (10 marks)	
Awareness of modern hardware/ software tools (10 marks)	
(5) Presentation of the Proposal:	
Demonstration of professionalism (10 marks)	
Level of confidence and Response to questions (10 marks)	
Total marks (Out of 100)	

(Minimum Pass score 60%)

Based on my above assessment: (*Please initial the appropriate box*)

I recommend the research synopsis. ☐

I recommend the research synopsis with suggestion to modify the research. ☐

I am not convinced and do not recommend the research synopsis. ☐

Comments: _____

_____

GRC Member-1: _____Signature: _____

GRC Member-2:_____ Signature:_____

GRC Member -3:_____Signature:_____

GRC Member-4:_____Signature:_____

Convener: _____Signature:_____

Annexure-21

Pro forma For Change of Synopsis Title/ Change of Supervisor/Co-Supervisor

Student's Name:

Father's Name:

Details are mentioned as under:

Current Title …… ……	**New Title** …… ……
Current Supervisor …… ……	**New Supervisor** …… ……
Current Co- Supervisor …… ……	**New Co- Supervisor** …… ……

Justification:

_____

Reasons for Discontinuation/Freeze/Cancellation of Admission

_____

Applicant's Signature

Remarks of Supervisor:_____

_____

Recommendations of

HOD:_____

_____

Signature of HOD
(After taking approval from GRC, if required)

Remarks of Dean:

_____

_____

Signature of Dean

Director ASRB

(After taking approval from ASRB, if required)

Pro forma for Synopsis Template MPhil/PhD **Annexure-22**

FULL TITLE OF THE SYNOPSIS

BLOCK
CAPITAL
Double line space
Font = 14Times
New Roman
Bold

Space = 1 inch

by

Full name of the student (as it appears in the University record)

(Registration No.)

Single line space
Font = 12Times New Roman
Bold

Supervisor	Dr. Abid Nawaz	Department of Microbiology	…… Signature
Co-Supervisor-I	Dr. Imran	Department of Microbiology	…… Signature
Co-Supervisor-II (if any)	Dr. Usman	Department of Medical Lab Technology	…… Signature
Chairperson	Dr. Arsalan Khan	Department of Microbiology	…… Signature
Dean	Prof. Dr. Abdul Majid	Faculty of Biological & Biomedical Sciences	

Double line space
Font = 12Times New Roman

Horizontal Centralized
Width =1.5 inches
Height = 1.5 inches

NAME OF THE DEPARTMENT WITH FACULTY
THE UNIVERSITY OF HARIPUR, HARIPUR
KHYBER PAKHTUNKHWA, PAKISTAN

Single line space
Font = 14Times New Roman
Bold

1.1 INTRODUCTION:

Introduction to the proposed research synopsis should consist of the following:

a. Background including literature review and introduction of the proposed research
b. Problem Statement and significance of the research study
c. Hypothesis/Research questions
d. Objectives
e. Possible outcomes of the research
f. Novelty/Contribution of the Research Work

1.2 MATERIALS AND METHODS:

This section shall contain information about the following as per requirement of the study:

g. Materials
h. Experimental set-up/Procedures
i. Theoretical/Mathematical model/Statistical Analysis
j. Population/Sample collection
k. Questionnaire/Interview etc.
l. Ethical Considerations: consent/access/and participants' protection. List down issues like informed consent, anonymity, confidentiality of data, data storage, and the use of the results which can be studied like intervention and advocacy etc.

1.3 TIME FRAME

The synopsis shall contain the breakup of research in terms of the expected time periods for the activities without mentioning specific dates. This is to show that the project can be possibly completed in the normal time duration for the degree program. The candidate in consultation with supervisor must provide time frame of his/her research work. A time frame for synopsis and research work may look as following.

S. No.	Research Components	Time Required {MS/MPhil/MSc(Hons)}	Time Required (PhD)
1	Introduction, Hypothesis/Research questions, Objectives, Literature review and planning		
2	Experimental work/Data collection/Sample collection/Mathematical modeling/Computer simulations		
3	Analysis		
4	Thesis writing		

Gantt Chart of the Research Activities may be included in the Synopsis.

1.4 BIBLIOGRAPHY/REFERENCES

Inside the text, references should be cited as per American Psychological Association Style (APA latest edition) of Writing (for Faculty of Social & Administrative Sciences, Faculty of Biological and Biomedical Sciences and Faculty of Physical & Applied Sciences) and Institute of Electrical and Electronics Engineers (IEEE) for Faculty of IT & Numerical Sciences.

Note:

I. ***MS/MPhil/MSc(Hons) Synopsis should consists of <u>3 pages</u> excluding the title pages with 1.5 spacing.***

II. ***PhD Synopsis should consist of <u>5 pages</u> excluding the title pages with 1.5 spacing.***

Annexure-23

CERTIFICATE OF ORIGINALITY

This is certified that the intellectual contents of the thesis entitled_____

_____

are the product of my own research work except, as cited property and accurately in the acknowledgements and references, the material taken from such sources as research journals, books, internet, etc. solely to support, elaborate, compare and extend the earlier work. Further, this work has not been submitted by me previously for any degree, nor it shall be submitted by me in the future for obtaining any degree from this University, or any other university or institution. The incorrectness of this information, if proved at any stage, shall authorities the University to cancel my degree.

Name of Scholar: _____ Signature: _____

Reg. No. _____ Degree: ☐ MS/MPhil or equivalent ☐ PhD

Program: _____ Department: _____

Supervisor's Name & Signature:_____

Countersigned by Chairperson/HoD:_____

Annexure-24

GRC MINUTES FOR INTERNAL EVALUATION OF SYNOPSIS/MPhil/PhD THESIS

Name of Candidate: _____

Registration Number: _____

Program:_____

Current semester: _____

Thesis Title: _____

Name of GRC Member	Comments	Signature

Accepted as such:
Accepted with Minor Changes:

Accepted with Major Changes: (Represent)

Rejected:(Representation)

The members of GRC hereby certify that Synopsis/Thesis is technically/Scientifically correct and has been prepared according to the UoH approved format and semester rules.

Date:_____ Signature:_____

(Convener GRC)

Annexure-25

Checklist for MPhil/PhD Thesis Submission

Student's Name: _____ Program with Department:_____
Registration Number:_____ Date of Thesis Submission:_____
Date of Enrollment: Fall- /Spring- **Fee Submission Status: a.** Submitted b**.** Defaulter
Current Semester: **Extra Semester Approval Required/Availed:** (How many extra Semester approval required/availed till date: Yes/ No

S.No		Yes	No
1.	Title of Thesis is as per ASBR Approval		
2.	Date of Synopsis approval in …… meeting of ASRB		
3.	Supervisory Committee of student is as Per BASR approval		
4.	Number of Credit hours completed as per UoH approved Graduate Semester Rules & Regulations		
5.	CGPA of student as per updated DMC (Minimum CGPA is as per Program requirement and UoH Semester Rules & Regulations		
6.	Comprehensive Examination Qualified (In case of PhD scholar)		
7.	The Proposed external examiners are as per BASR approved list and UoH Graduate Semester Rules		
8.	Proof of Published paper from MPhil/PhD work annexed		
9.	Proposed Panel of Examiners Annexed		
10.	One page CV of Proposed with name, designation, official email of examiner annexed with cover letter		
11.	Certificate for Declaration of conflict of Interest annexed		
12.	Antiplagiarism certificate with summary signed by supervisor annexed		
13.	Certificate of Originality annexed		
14.	Minutes of GRC for Internal evaluation with annexures		
15.	Two soft bound copies of Thesis (one in PDF and one in word, one Hard copy annexed		
16.	Thesis is as per UoH approved Template		

Note: Please attach documentary proof where required

Supervisor's Name & Signature: _____

Chairperson's Name & Signature:_____

Annexure-26A

Director ASRB,
The University of Haripur

Date:___/____/20___

Subject: <u>Approval of External Examiners for Thesis Evaluation</u>

Dear Sir/Madam,

I am pleased to submit the thesis of my student with following credentials for external evaluation as per the semester rules. You are requested to solicit the approval of External Examiner(s) for thesis evaluation by the competent authority.

Student and thesis details:	☐ MS/MPhil or equivalent ☐ PhD
Name of student:	Reg. No.:
Department:	Program:
Thesis title:	

_____
(Supervisor's name and signature)

Encl:
1. Two hard copies of the thesis
2. List of examiners as per relevant rules
3. Antiplagiarism report with summary page
4. Declaration of conflict of interest
5. One-page CV of each examiner

<u>Chairperson/HoD</u>

<u>Dean of Faculty</u>

<u>Director ASRB</u>

Annexure-26B

Acknowledgement

This is to acknowledge that student with following credentials has successfully submitted thesis to this office on the day of _____ **dated ____/____/20___** for further process.

Student and thesis details: ☐ **MS/MPhil or equivalent** ☐ **PhD**	
Name of student:	**Reg. No.:**
Thesis title:	
Department:	**Program:**
Current Semester and CGPA:	**Fee Submission Status:** Yes/NO

Note: *After the date of submission mentioned above, scholar needs not to register next semester.*

_____

Director ASRB

THE UNIVERSITY OF HARIPUR
SEMESTER RULES AND REGULATIONS
(Revised - 2022)
(For Graduate Academic Programs)

Annexure-26C

Thesis Evaluation Report
(To be filled by ASRB office)

A. Student and thesis details:	☐**MS/MPhil or equivalent** ☐ **PhD**
Student's Name:	
Registration No:	Enrollment Semester:
Program:	Department:
Title of Thesis:	
B. Examiner's Details:	
Name of External Examiner:	Designation:
Institution/University:	Department:
Official Email:	Contact No:

Part 1 - Abridged Evaluation Report
(To be completed by the Examiner)

Have examined this thesis and provided detailed assessment in Part-2 & 3, my recommendation to The University of Haripur is as follows *(please click **only one** box)*:

	Recommend the thesis for the award of degree in the present form as such.	☐
	Recommend the thesis for the award of degree with minor changes/revision.	☐
	Recommend the thesis for the award of degree with major changes/revision.	☐
	Recommend the thesis for resubmission/re-evaluation with major changes/revisions.	☐
	Reject the thesis, for the award of the degree, with valid reasons (Unsatisfactory status).	☐

Examiner's Signature and Stamp: _____ Date:___/____/20____.

Part 2 - Detailed Evaluation Report

General Rating Parameters:

Rating	Points Range	Interpretation
Excellent	9-10	*Fully satisfied. No extra work required.*
Good	7-8	*Well Satisfied. No extra work required.*
Average/Acceptable	5-6	*Satisfied. Minor observation. Improvement may be carried out.*
Below Average	3-4	*Major observation. Improvement must be carried out.*
Poor	0-2	*Unacceptable. Rework required.*

Numerical Assessment: *(Please award the points in "points awarded" column based on the "points range" and the given "guidelines")*

Category	Points Awarded	Points Range	Guidelines
Problem Definition		9-10	*Problem has been clearly defined. It identifies the gaps in scientific knowledge and provides strong justification for the current research.*
		7-8	*Research problem is well defined.*
		5-6	*Research problem is satisfactorily defined; a little more clarity would do.*
		3-4	*Research problem is not clearly defined, almost vague.*
		0-2	*Research problem is completely vague and confusing.*
Literature Survey/ Review		9-10	*Literature survey/review has been done exceptionally well, in a chronological and effective manner. All the previous work has been properly referenced. It justifies the scope of work undertaken in the thesis.*
		7-8	*Literature survey/review has been done well.*
		5-6	*Literature survey/review has been satisfactorily done, with a room for improvement through minor changes.*
		3-4	*Literature survey/review has not been carried out extensively. Previous work has not been properly referenced. Requires major improvement.*
		0-2	*Literature survey/review has been done poorly, with no proper references provided. It is hard to find out the research problem currently undertaken.*
Introduction/ Conceptualization		9-10	*The Candidate has clear understanding of the work undertaken, and knows what has been done and why. The Candidate has thoroughly elaborated the problem in the introductory chapter.*
		7-8	*The Candidate has good background knowledge of the work undertaken. The introductory chapter is quite adequate in contents.*
		5-6	*The Candidate has adequate background knowledge. The Introductory chapter has minor deficiencies.*
		3-4	*The problem has not been well elaborated in the introduction. The Candidate lacks in conceptualization of the research problem. Major improvements required.*
		0-2	*The introductory chapter seriously lacks in contents. Needs rewriting.*

Methodology		9-10	*Methodology very well demonstrated. All the software/ hardware tools used very well presented. Research design, measures, data collection techniques and standard analytical tools appropriately employed. Relevant professional standards well utilized.*
		7-8	*Proficient knowledge of methodology demonstrated and Justification for selection of method given.*
		5-6	*The methodology demonstrated is understandable, but needs minor improvement.*
		3-4	*The methodology demonstrated is hardly understood; major Changes required.*
		0-2	*The methodology is not appropriate for study and understanding is not demonstrated.*
Results/Analysis		9-10	*Results interpreted in the light of proposed research question and existing literature. Includes alternative Explanations and instructional tables and graphs. The Interpretations based on analysis are quite convincing.*
		7-8	*Results clearly summarized, discussion of results focused and tied to research question. Subsequent analysis based on results is more than adequate.*
		5-6	*Results adequately summarized, discussion of results reasonably focused and tied to research question. Subsequent analysis is about right. Minor changes considered in order.*
		3-4	*Results produced have either little or no connection vis-à-vis the actual research problem undertaken. Subsequent analysis has little value.*
		0-2	*Results are vague. Presentation lacks focus, tables are unorganized, and results produce no insight into proposed question.*
References		9-10	*References are properly mentioned and are in right number. Latest references have been provided*
		7-8	*References are properly mentioned. The number of references is neither too low nor too high.*
		5-6	*References are adequately mentioned. Their number is either a little too high or too low.*
		3-4	*References are provided but several of them are incomplete. Most of the references are related to internet websites.*
		0-2	*Most of the references are too old and improperly provided. Vital information in several references is missing.*
Overall Quality of Thesis		9-10	*The thesis presents a master piece work. Ideas expressed with exceptional clarity, logic and conciseness. The material has been provided in an organized manner. The thesis is free of grammatical and structural errors.*
		7-8	*The thesis is good and nicely presented.*
		5-6	*The thesis is generally of a satisfactory standard. There are minor grammatical or structural errors.*
		3-4	*The overall quality of the thesis is less than adequate. It contains numerous grammatical and/or structural errors.*
		0-2	*The thesis is full of errors. The sentences are vague and ambiguous. Not worth reading.*

Part-3

Comments and suggestions to be incorporated in the thesis:

Please provide your detailed comments and suggestions on different sections of thesis in following format.

You may use track changes feature of the MS word for comments and suggestions if any (In a case, there is no need to fill this sheet, just mention that all comments/suggestions are made through Track Changes option)

Example:

Section: Abstract: (Please mention line# and Page# with Chapter where correction is needed)

_____

_____

_____

_____

_____

_____

_____

_____

(Use extra sheets if needed)

Name of External Examiner: _____

Signature & Stamp of the Examiner: _____

Date: _____

Annexure-27

Annotative Compliance Report of MPhil/PhD Thesis

Name of the Scholar:_____

Registration Number: _____Program:_____

Supervisor's Name: _____

Title of the Thesis_____

_____

As per the remarks of thesis reviewer(s) I, herewith submit the compliance report with modification/justification wherever required. Revised thesis is also attached herewith (If applicable) for further necessary action as per Graduate Semester Rules & Regulations.

Compliance to Reviewer #1 and 2

Sr. No	Name of External Examiner#1 and Comments	Compliance/ Justification/Modification	Page No
	Name of External Examiner#1 and Comments	**Compliance/ Justification/Modification**	**Page No**

Signature of the Scholar
_____
Date: _____

Name & Signature of Supervisor
Dr._____
Date: _____

Endorsed By GRC:

Member-1: Name & Signature: _____

Member-2: Name & Signature: _____

Member-3: Name & Signature: _____

Member-4: Name & Signature: _____

Convener GRC: Name & Signature: _____

Annexure-28

Thesis Defense & Viva Voce Examination

(To be completed by the Chairperson/HoD)

A. Student's Details: ☐**MS/MPhil or equivalent** ☐ **PhD**	
Student's Name:	
Registration No:	Enrollment No:
Program:	Department:
Title of Thesis:	

Evaluation

(To be completed by the Jury)

Parameter	**Weightage**	**Marks Awarded**
Thesis Write-up and its quality	50	
Presentation	25	
Viva voce Examination	25	
Total*	100	

*Passing marks 60%

Result: **(a)** Pass **(b)** Re-appear

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Dean: _____ Signature: _____

Date of Examination: ____/____/20

Annexure-29

Guidelines and Template for MPhil/PhD Thesis

(TITLE OF THESIS)

BY

(NAME OF THE CANDIDATE)

(REGISTRATION NO)

DOCTOR OF PHILOSOPHY

IN

SUBJECT

NAME OF THE DEPARTMENT WITH FACULTY

THE UNIVERSITY OF HARIPUR, HARIPUR KHYBER PAKHTUNKHWA, PAKISTAN

MONTH, YEAR

(TITLE OF THESIS)

BY

(NAME OF THE CANDIDATE)
(REGISTRATION NO)

A dissertation submitted in partial fullfilment of the requirement for the degree of

DOCTOR OF PHILOSOPHY

IN

SUBJECT

NAME OF THE DEPARTMENT WITH FACULTY

THE UNIVERSITY OF HARIPUR, HARIPUR
KHYBER PAKHTUNKHWA, PAKISTAN
MONTH, YEAR

(Title of Thesis)

By

(Name)
(Registration No)

A dissertation submitted to University of Haripur
in partial fulfillment of the requirement for the degree of

DOCTOR OF PHILOSOPHY IN MEDICAL LAB TECHNOLOGY

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Chairperson	Department of Public Health & Nutrition	…….
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NAME OF THE DEPARTMENT WITH FACULTY

THE UNIVERSITY OF HARIPUR, HARIPUR
KHYBER PAKHTUNKHWA, PAKISTAN
MONTH, YEAR

DEDICATION

To my loving and sympathetic parents, my friendly brothers and sisters whose sincere suggestions, actions and prayers have guided me through life's difficult stages".

ACKNOWLEDGEMENTS

I begin with thanking Almighty Allah, without has help no achievement is possible. I express my heartfelt thanks to my thesis supervisor, Dr. Shagufta Rani, who supported and encouraged me throughout this difficult task. Whatever I have achieved is because of him. He has been a critique of my thesis work, while promoting my efforts and building my morale and was always a source of direction for me allowing me to explore and develop my own ideas while giving helpful suggestions when they were most needed. As I look back over the years of this difficult journey I realize that this was unachievable without his direction.

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I am very thankful to all my fellow graduate students for their descent behavior. They all made it a memorable time of my life.

At the end I am extremely thankful to the whole department of Agriculture, University of Haripur.

NISAR AHMAD

CERTIFICATION FROM THE EXAMINERS

This thesis entitled_____(full title of the thesis)_____presents a bonafide record of original research work carried out by (full name of the student) _____in partial fulfillment of the degree of _____(full name of the degree), The University of Haripur.

We found the work satisfactory for the award of the degree if other requirements are met. The Open defense and Viva Voce was held on (date_____).

External Examiner I _____ _____

(Name and Affiliation) (Signature)

External Examiner II _____ _____

(Name and Affiliation) (Signature)

Chairperson _____ _____

(Name and Affiliation) (Signature)

EFFECT OF SOWING DATES AND SEEDLING AGE ON PRE-MATURE BOLTING ON ONION BULB CROP

By

Nisar Ahmad

ABSTRACT

The research was carried out to investigate different sowing dates and seedling age on pre-mature bolting in onion bulb crop at Agricultural Research Institute (ARI), Mingora Swat. The experiment was laid out in Randomized complete block design having three replications. There were four sowing dates (16 Dec, 29 Dec, 8 Jan, and 19th Jan) and three seedling ages (90, 70, and 50 days). Data were recorded on plant height (cm), bulb diameter (mm), bolting, bulb weight (g), leaf area (cm), number of leaves per plant, stem neck (mm), yield per plot (kg), and total yield (t ha^{-1}). All the plant attributes were significantly influenced by different sowing dates and the three seedling ages at which the crop was transplanted whereas their interactive effects were non-significant. Maximum plant height (60.48 cm) and (60.72 cm) was observed on 16th December 90 days old seedlings were transplanted, respectively. Whereas, minimum plant height (56.31 cm) and (56.62 cm) was found on 19th January and 50 days old seedlings transplantation, respectively. Maximum bulb diameter (20.86 mm) was noted on 90 days old seedling were transplanted while minimum bulb diameter 14.81 mm sowing the crop on 16th of December, while minimum bulb diameter (8.73 mm) followed by 50 days old seedling transplantation. Maximum bolting percentage (16.88 %) was found at 90 days transplantation at 16th December, while minimum bolting percentage (9.42 %) was noted when the crop was sown on 19th January. Maximum bulb weight (157.88 g) was recorded at 90 days old seedlings transplantation sown on 16th of December; whereas minimum bulb weight (102.60 g) was observed on 19th of January. Maximum leaf area was observed on 16th December with a value of 84.53 cm was followed by 50 days old seedling transplantation.

Maximum number of leaves (13.13) was observed on 19th January and minimum number of leaves (11.77) 90 days old seedling transplantation. Maximum stem neck (17.31 mm) was observed followed by 90 days old seedling transplantation on 16 January while minimum stem neck 16.12 mm on 29 December. The seedling age affected stem neck maximum is 16.80 mm was noted when 70 days old seedling were transplanted minimum value for stem neck 16.19 mm was recorded when 90 days old seedling were transplanted. The data on the yield per plot kg 9.22 kg was recorded when 90 days old seedling were transplanted on 16 December while minimum value

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CHAPTER-1 INTRODUCTION

(This section contains a statement of the problem investigated, so that the reader can proceed with the nature and aim of the study. A brief review of past work is usually necessary in order to validate the importance of the problem, i.e., the reason for the author's interest in the problem).

1.1. **History**

Onion (Allium cepa) belongs to the family Amaryllidaceo us and is one of the most important monocotyledonous, ….

1.2. IMPORTANCE

Onion has its own distinctive flavor ……

1.3 Objectives

- …
- ….
- …..
- ….

CHAPTER-2 REVIEW OF LITERATURE

(The review shall be given in Chronological order, with latest are given at start of each sub headings (if any). This section is a detailed exposition of past work on the problem. Only the significant observations and conclusions of the literature need be included, and these should be includedonly if they are pertinent to the problem investigated).

2.1. ORIGIN OF THE PROBLEM

Kandil *et al*., (2023) led an experiment on the impact of transplanting dates on vegetative development, bulb yield and its segments of some local onion cultivars. Two field experiments were directed at Gemmeiza Horticulture Research Station Ranch, Gharbeia Governorate, Agribusiness Research Center, Egypt amid 2010/2011 and 2011/2012 seasons Results demonstrated that transplanting onion seedlings on 15th December recorded most noteworthy midpoints of foliage fresh weight/plant at 90 and 120 days from transplanting, complete yield, attractive yield and average of bulb weight, total soluble solids, dry matter and total weight loss percentages of onion bulb every month after harvesting till end of storability.

Waster *et al*., (2022) Led experiment in 2009 onion seeds were sown on 30 April, 7 and 21 May and in 2010 on 11, 25 May and 8 June. Plant tall ness and leaf number were measured 18 weeks after development. Sowing date did not impact plant stature and leaf number altogether, with the exception of in 2010 where the early sowing dates brought about taller plants. The particular deferred sowing dates in 2010 (11 May, 25 May, 8 June) significantly decreased average bulb fresh mass (71.48, 49.42, 49.21 g bulb 1) and yield (40.96, 34.05, 28.20 t ha-1). In both seasons more slender necks were recorded for later planting dates. Cultivars tried in Bloemfontein can be sown from late April to late May, in the best results were obtained from sowing in May.

Hussain *et al*., (2021) carry out study different Planting on 21st July demonstrated most extreme number of leaves plant^{-1} (38.37) and days taken to removing (122.9) of green yield . While least number of leaves plant^{-1} (26.07) on 15th Sept. Also, days taken to evacuating (60.92) were recorded on 29th sept. While less growing (43.14%) was found when the planting was done on 21st July. planting bulb on 29th Sept . significantly enhanced the total marketable yield standard ha (28.3) and benefit ratio (0.54).Plants got from little bulb sown on 29th Sept. Give more benefit and their fore is recommended for onion cultivator.

CHAPTER-3 MATERIAL AND METHODS

(This section contains information on the materials and methods used in the study).

The study was conducted at Agriculture Research Institute North Mingora Swat Daring spring 2015.Seed of Onion cultivar Swat1 was obtained from Agricultural Research Institute, Mingora Swat. In this experiment the effect of sowing dates and seedling age on pre-mature bolting on onion bulb crop was studied. The experiment was designed in Randomized Complete Block design. There were three different ages of seedling which were transplanted on four different sowing dates. Plot size was kept at 2 x 1 $m^{2.}$ Row to row distance was 20 cm and plant to plant spacing 10 cm.sowing was done from 16th Dec 2014 with 15 days interval. The different parameters which were studied in the experiments were Plant height (cm), Number of leaves par plant, Leaf area index, Stem diameter (mm), Bulb diameter, single Bulb weight (g), Bolting %age, Yield per plot (kg) and yield par he.

3.1 PARAMETERS TO BE STUDIED

a. Plant height (cm):

The plant height was recorded at maturity time .the height of plant was noted in centimeters.

b. Stem diameter (mm):

Stem diameter were recorded in millimeter ten selected plants in all replications.

c. Bulb diameter (cm):

Bulb diameter was measured in centimeters in all replication of ten selected plants at maturity time.

d. Single bulb weight (g):

The weight of ten selected bulb was recorded at maturity time. The weight was recorded in grams.

CHAPTER-4 RESULTS AND DISCUSSIONS

(This section contains a presentation and discussion of scientific data and its relevance to the scientific literature).

The result and discussion of the study titled "Effect of sowing dates and seedling age on pre-mature bolting on onion bulb crop'' are given below.

4.1 PLANT HEIGHT (CM)

The mean data about plant height (cm) is shown in Table-1, while there analysis of variance is depicted in Table-1a. The analysis of variance shows that plant height has significantly influenced by different sowing dates and the three seedling age at which the crop was transplanted while their interaction was non- significant.

As evident from the means table shown that maximum plant height (60.48 cm) was recorded when 90 days old seedlings were transplanted on 16 December while shortest plant height (56.31 cm) was recorded when the seedling was transplanted on 19th January which were significantly different from each other.

Similarly, seedling age also significantly affected plant height. Maximum plant height (60.72 cm) was recorded when 90 days old seedling were transplanted while minimum value for plant height (56.62 cm) was recorded when 50 day old seedlings were transplanted which were significantly different from 90 day seedling transplantation. Seedling age 70 days recorded (56.97 cm) which was statistically at par when 50 days old seedlings were transplanted. These results agreed with the result of Ebrahimi *at al*.,(2013) who reported in there experiment that early date of sowing give maximum plant height and delay sowing minimum plant height.

Table 4.1 Plant height (cm) as affected by sowing dates and Seedling age

	16 Dec 2014	29 Dec 14	8 Jan 15	19 Jan 15	Means
90 days old	61.50	59.90	57.20	58.63	59.30
70 days old	58.90	58.13	57.10	56.26	57.60
50 days old	61.03	58.03	54.63	55.90	57.40
Means	60.48	58.69	56.93	56.31	

HSD value ($p<0.05$) for DOS = 4.4710 SA = 3.5053 and interaction = 10.118.6

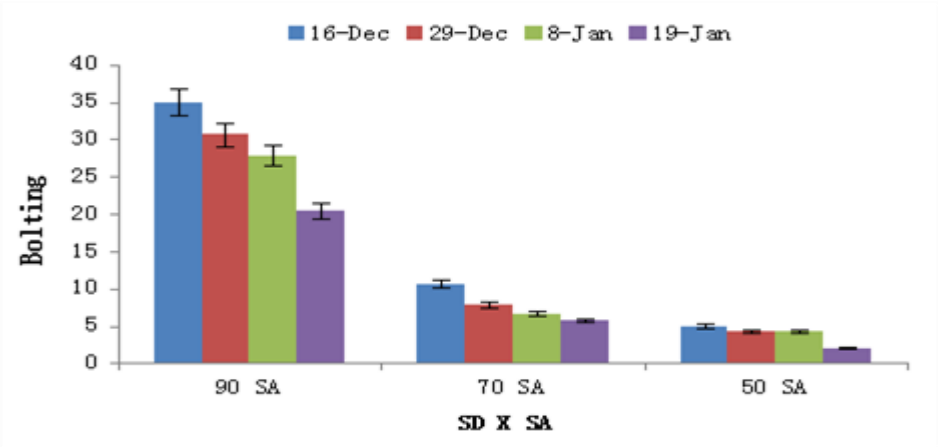

Figure 4.1 : Bolting as Affected by Sowing dates and Seeding

CHAPTER-5 CONCLUSION AND RECOMMENDATIONS

(This section contains a summary and discussion of the significant findings of the study. The author should take care to separate the findings from the conclusions. Literature citations are not allowed in this section. Recommendations for further study in the field of investigation may be included. General Discussion and Conclusions may be included as separate sections).

5.1 Conclusion

It has been concluded from the research study that…….

5.2 Recommendations

- **…….**
- **……**
- **…….**
- **…….**

LITERATURE CITED/REFERENCES

For Faculty of Social & Administrative Sciences, Faculty of Biological and Biomedical Sciences and Faculty of Physical & Applied Sciences

For above mentioned faculties, references should be cited as per American Psychological Association Style (APA Style)

Gardner, L. (2005). The use of stainless steel in structures. *Progress in Structural Engineering and Materials*, 7(2), 45-55.

Ullah, H., Santiago-Arenas, R., Ferdous, Z., Attia, A., & Datta, A. (2019). Improving water use efficiency, nitrogen use efficiency, and radiation use efficiency in field crops under drought stress: A review. *Advances in agronomy*, *156*, 109-157.

Ali, K. J., & Naushad, A. T. (2011). Role of crossing over in recombination of individuals during meiosis. *Sarhad Journal of Agriculture,* 1(3), 112-121.

Kumar, B. S., Prakash, M., Sathyanarayanan, G., & Padmavathi, S. (2012). Studies on combining ability and heterosis through line x tester analysis in maize (Zea mays L.). *Crop Research*, *43*(1to3), 153-157.

For Faculty of IT & Numerical Sciences

For Faculty of IT & Numerical Sciences, references should be cited as per IEEE Style

F. Yan, Y. Gu, Y. Wang, C. M. Wang, X. Y. Hu, H. X. Peng, et al., "Study on the interaction mechanism between laser and rock during perforation," *Optics and Laser Technology,* vol. 54, pp. 303-308, Dec 2013.

I.A. Glover and P.M. Grant, *Digital Communications*, 3rd ed. Harlow: Prentice Hall, 2009.

C. W. Li and G. J. Wang, "MEMS manufacturing techniques for tissue scaffolding devices," in *Mems for Biomedical Applications*, S. Bhansali and A. Vasudev, Eds. Cambridge: Woodhead, 2012, pp. 192-217.

APPENDICES

PUBLICATIONS

PICTURES

CERTIFICATES