



National University of Sciences & Technology, Islamabad
REPORT OF QUALIFYING EXAMINATION PART A – SUBJECT EXAM

Name: _____ NUST Regn No: _____

Department: _____

1st Attempt
Date: _____

Paper-I (Major Area) _____ Marks Obtained _____ %

Paper-II (Allied Area) _____ Marks Obtained _____ %

PASS

FAIL

2nd Attempt
Date: _____

Paper-I (Major Area) _____ Marks Obtained _____ %

Paper-II (Allied Area) _____ Marks Obtained _____ %

PASS

FAIL

(Signature of Dean/HoD)

Signatures of Dean/Commandant/Principal/DG
Dated: _____

List the conditions that must be met beforehand and the date for next Qualifying Exam – Part A in case of failure in first attempt.

Pre Conditions for Second Chance _____

Date for Next Exam _____

Signature of Supervisor
Dated: _____

Dated: _____

APPROVED

Head of the Department

COUNTERSIGNED

Dated: _____

Dean/Commandant/Principal/DG

Distribution:

- 1 x copy each to Registrar, Exam Branch, Dir R&D, Dir Acad at HQ NUST and HoD, Supervisor, Co-Supervisor (if appointed), in student's dossier at the School/College/Centre, sponsoring agency (if any), the student and each member of GEC.