



ALHAMD ISLAMIC UNIVERSITY

ALHAMD RESEARCH CENTRE (ARC)

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THESIS DEFENSE REQUEST FORM

Registration No. _____

Student Name: _____

Program: _____ Semester: _____

Department: _____

Email: _____ Mobile No: _____

Research Title: _____

Attachments:

- | | | |
|--------------------------------------|----------------------------------------|------------------------------------|
| 1. Soft copy of Thesis | 2. Three (3) hard copies of Thesis | 3. Author's Declaration by Student |
| 4. Plagiarism Undertaking by Student | | 5. Thesis Completion Certificate |
| 6. Format Correction Letter from HOD | | 7. Supervision Meeting Records |
| 8. HEC Proforma 4 | 9. Certificate of Originality from QEC | 10. Clearance Form |

Date: _____

Student Signature: _____

Supervisor Name: _____

Consent: I have reviewed the thesis and I am fully satisfied that student has eligible for thesis defense presentation.

Supervisor Signature: _____ Date: _____

DRC Remarks: _____

DRC Focal Person Signature: _____ Date: _____

HOD/Coordinator Signature: _____ Date: _____

Faculty Dean Signature: _____ Date: _____

ARC Remarks: _____ (Recommended / Not Recommended)

BASR Meeting Details: _____

Remarks by BASR: _____ (Approved / Not Approved)

Deputy Director/Director Signature: _____ Date: _____