ALHAMD ISLAMIC UNIVERSITY
Alhamd Research Centre (ARC)
Evaluation Form - I

Department: _____

Program: _____ **Semester:** _____ **Session:** _____

Project Title: _____

S#	Registration No.	Student Name	Supervisor Name	Project Report	Project Demonstration	Project Presentation	Viva (Q/A)	Total
				25	25	25	25	100
1								
2								
3								
4								
5								
Remarks:								

Evaluator Name: _____ **Evaluator Signature:** _____ **Date:** _____

HOD/PC Remarks: _____ **HOD/PC Signature:** _____ **Date:** _____

_____

Director/Deputy Director (Research)