



ALHAMD ISLAMIC UNIVERSITY

Alhamd Research Centre (ARC)

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Dated: _____

THESIS APPROVAL SHEET

Title of Research: _____

Registration No. _____

Student Name: _____

Semester: _____ Program: _____

Department: _____

The evaluation jury hereby approved this Thesis in partial fulfillment of the requirements for the degree of _____.

Supervisor Name: _____

Date: _____ Supervisor Signature: _____

Examiner Name: _____

Date: _____ Examiner Signature: _____

Examiner Name: _____

Date: _____ Examiner Signature: _____

Head of Department Signature: _____ Faculty Dean Signature: _____

Date: _____

Director/Deputy Director Research Signature: _____

Date: _____