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DEPARTMENT OF COMPUTER SCIENCE

To
The Director ASR&TD,
UET Taxila.

Respected Sir,

	I have co	ompleted n	ny MS(CS)) prograi	n. Dissertatior	n and gi	ven requir	red seminar	on
(Date).	You are	requested	to arrange	for oral	examination.	In this	respect, I	submitted	the
followi	ng inforn	nation:-							

a)	Topic of Dissertation:		
b)	Name of the Supervisor:		
c)	Specialization:		
d)	Details of Subject Passed:		
		<u> </u>	

Sr. #	Subject Code	Subject	Grade	Term/Year
01				
02				
03				
04				
05				
07				
06				
08				

e) Th	lesis Evaluation fee deposit vide b	oank challan NoDated:	
(Reco	ommended by, Supervisor)	Signature:Name:	
		Regd No.	
Signa	nture:	Date of Admission:	
Verifi	ed by:		
1.	Incharge PGS:,	Director, Post Graduate Studies:	
2.	Chairman (Department of Computer Science):		
3.	The Controller of Examination (for detail subject passed).		