**Checklist for MS/MSc Document Requirements**

Name of Scholar --------------------------------------------------------- Reg. No.----------------------------------------------

Supervisor Name--------------------------------------------------------- Dept. Name ----------------------------------------

Present Address of Scholar -----------------------------------------------------------------------------------------------------

Contact No. --------------------------------------------------------------- Email: ------------------------------------------------

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| **Sr. No.** | **Required Documents & Dates for Scrutineers** | **Status** |
|  | MS/MSc Registration Notification with Date | Date: \_\_\_\_/\_\_\_/\_\_\_\_\_ |
|  | Admission Criteria, CGPA in Semester System or % in Annual System, NTS Subject HAT/UET Test, etc. |  |
|  | Copies of SSC, HSSC, Bachelor & other Credentials | Yes / No |
|  | Copy of CNIC of Scholar | Date: \_\_\_\_/\_\_\_/\_\_\_\_\_ |
|  | 24-Credit Hours (08-Courses) after Admission / Copy of Incomplete Transcript of Awards | Yes / No |
|  | Transfer/Exemption of Courses (if Any) | Yes / No |
|  | CGPA > 2.5 | Yes / No |
|  | Date of Topic Approval | Date: \_\_\_\_/\_\_\_/\_\_\_\_\_ |
|  | HEC Recognized Journal Publication from 2015 onwards (Date of Publication) | Date: \_\_\_\_/\_\_\_/\_\_\_\_\_ |
|  | Status of Publication (Published or Accepted or Submitted) |  |
|  | Approval of External Examiners | Yes / No |
|  | Date of Notification of Final Defense /Viva Voce | Date: \_\_\_\_/\_\_\_/\_\_\_\_\_ |
|  | Recommendations made or Not (if Any) | Yes / No |
|  | Performa for submission of Result for MS/MSc Thesis Evaluation signed by Internal/External examiner by Dept. | Yes / No |
|  | Certificate of Anti-Plagiarism by Scholar and Countersigned by Supervisor | Yes / No |
|  | Anti-Plagiarism Report (<= 19%) duly signed by Scholar and Supervisor |  |
|  | Time Limit (Date) for MS/MSc from Admission (Min. 1.5 years -Max. up to 4 Years) | Date: \_\_\_\_/\_\_\_/\_\_\_\_\_ |
|  | Extension in Time Limit from Academic Council & Syndicate (if any) | Date: \_\_\_\_/\_\_\_/\_\_\_\_\_ |
|  | Hard Copy of Thesis | Yes / No |
|  | Soft Copy of Thesis | Yes / No |
|  | Clearance & Scholar’s CV for Contact | Date: \_\_\_\_/\_\_\_/\_\_\_\_\_ |

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Sign of Director PGS Dept. Sign of Dealing Asst. of ASR & TD

Remarks (If any) at Exams Off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Scrutineer 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Scrutineer 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Scrutineer 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Scrutineer 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dy. Controller \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign of Dy. Controller \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_