

**Title page**

**THESIS/DISSERTATION TITLE**



**By  
Name of Student**

**Department of .....**

**Faculty of .....**

**INSTITUTE OF BUSINESS MANAGEMENT**

**2017**

**Inside page**

**THESIS TITLE**



**By  
Name of Student**

**Supervisor  
Name of Supervisor**

**A thesis submitted in partial fulfillment of the requirement for the degree of  
MS.....**

**Department of .....**

**Faculty/College of.....**

**INSTITUTE OF BUSINESS MANAGEMENT**

**2017**

## **ACKNOWLEDGEMENT**

This is the prerogative of the researcher (student) to whosoever he/she wants to acknowledge for thanks.

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At any time if my statement is found to be incorrect even after my Graduation, the University has the right to withdraw my degree

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**Supervisor 1 Name** ..... **Signature:** .....

**Supervisor 2 (if any) Name:** ..... **Signature:** .....

# NOTIFICATION

No \_\_\_\_\_

Date: \_\_\_\_\_

It is notified for the information of all concerned that Mr/Ms. \_\_\_\_\_ (Name of Student)

PhD Scholar of \_\_\_\_\_ (Name of Department) of \_\_\_\_\_ (Name o-f University)

has completed all the requirements for the award of PhD degree in the discipline

\_\_\_\_\_ (Name of Subject)/Program as per detail given hereunder:

PhD in .....			Cumulative Result			
Registration No.	Scholar's Name	Father's Name	Credit Hours			Cumulative Grade Point Average CGPA
			Course Work	Research Work	Total	

**Research Topic:** \_\_\_\_\_

Local Supervisor-I Name: \_\_\_\_\_

Local Supervisor-II Name: \_\_\_\_\_

Foreign/External Examiners:

a) Name: \_\_\_\_\_

University: \_\_\_\_\_

Address: \_\_\_\_\_

b) Name: \_\_\_\_\_

University: \_\_\_\_\_

Address: \_\_\_\_\_

Detail of Research Articles Published on the basis of thesis research work:

\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Dean

\_\_\_\_\_  
Controller of Examinations

\_\_\_\_\_  
Rector

\_\_\_\_\_  
OGS -Office



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**Title of Thesis:** .....

**By**  
(Students Name)

This thesis is submitted to the *Institute of Business Management* in partial fulfillment of the requirements for the degree of MS in the Faculty/College of .....

**Examiners:**

- a. Name of External Evaluator -I .....
- Designation: .....
- University: .....
- Address: .....
  
- b. Name of External Evaluator -II .....
- Designation: .....
- University: .....
- Address: .....
  
- c. Name of the Defense Examiner: .....
- Designation: .....
- University: .....
- Address: .....
  
- d. Supervisor (as an observer) Name: .....
- Designation: .....
- University: .....
- Address: .....

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**Signed and Stamped:**

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Controller of Examination

\_\_\_\_\_  
Office of Graduate Studies

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*(Note: The number of chapters and sections in the thesis vary, it can be increased but chapters 1, 2, 3 and 5 are important)*

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