



COMPREHENSIVE EXAMINATION RESULT – PhD

FACULTY: _____ **DEPARTMENT:** _____

Name of Student: _____ Registration No: _____

CGPA: _____ Date of Enrolment: _____

Field of Specialization: _____

Attempts: 1st 2nd

1. Date of Written Comprehensive Examination: _____

2. Marks Obtained: _____ /100 In Words: _____

3. Result of Examination: Pass Fail

4. Deficiency Courses (if any) to be passed before taking on research:-

a. _____

a. _____

5. Thesis Supervisor: _____

(Name)

(Signature)

6. Co- Supervisor: _____

(if appointed)

(Name)

(Signature)

7. HoD: _____

(Name)

(Signature)

8. Dean: _____

(Name)

(Signature)