



**DIRECTORATE OF POSTGRADUATE STUDIES
UNIVERSITY OF ENGINEERING & TECHNOLOGY,
PESHAWAR**

FORM T-3

REPORT ON THESIS DEFENCE EXAMINATION

TITLE OF THESIS _____

STUDENT'S NAME & ADDRESS

DATE OF THESIS DEFENCE
EXAMINATION.

DEPARTMENT

***EXAM: COMMITTEE MEMBERS
APPROVING THIS REPORT.***

***EXAM: COMMITTEE MEMBERS
NOT APPROVING THIS REPORT.***

SIGNATURE _____
NAME _____

SIGNATURE _____
NAME _____

SIGNATURE _____
NAME _____

SIGNATURE _____
NAME _____

SIGNATURE _____
NAME _____

SIGNATURE _____
NAME _____

In case of a tie or a majority not approving this report state below the reasons for failure and conditions to be met if a re-examination is to be administered.

