



National University of Sciences and Technology
FORMULATION OF GUIDANCE & EXAMINATION COMMITTEE (GEC)
(To be filled by Institution)

Student's Name: _____ NUST Regn No: _____

Institution: _____ Department: _____

Area of Research: _____

GUIDANCE & EXAMINATION COMMITTEE MEMBERS

Supervisor

Name: _____ Email: _____

Institution /Dept: _____ Signature _____

Co-Supervisor (if appointed)

Name: _____ Email: _____

Dept/Organization: _____ Signature _____

Committee Members

1. Name : _____ Email: _____

Dept: _____ Signature _____

2. Name : _____ Email: _____

Dept: _____ Signature _____

3. Name : _____ Email: _____

Organization (External): _____ Signature _____

Date of formulation of GEC: _____

Dated: _____

Student's Signature

APPROVED

Dated: _____

Head of the Department

COUNTERSIGNED

Dated: _____

Dean/Commandant/Principal

Distribution:

- 1 x Original copy each to Director PGP, Exam Branch at Main Office, NUST and student dossier at school/college.
- 1 x photocopy to supervisor, student and sponsoring agency