



## SPECIMEN FORMAT FOR THESIS OF MONTH

Department :

Faculty :

Branch/Area :

Candidate's Name :  
(Surname, First name, Middle name)

H. T No :

Candidate's Address with email:

TITLE OF THE THESIS:

Name of degree : Ph.D./M.Phil.    
M.S

Date of Enrolment :

DATE OF REGISTRATION :

DATE OF AWARD :

Name and designation of Supervisor (s):

**Note: Please enclose copy of the Abstract of the Thesis (Not more than 1 or 2 pages).**