

NED UNIVERSITY OF ENGINEERING AND TECHNOLOGY
KARACHI - 75270



EXAMINATION FORM

for

Masters Degree Programme

Spring / Fall Semester _____

Department: _____ Field of Specialization: _____

The Controller of Examinations,

Permission is requested for taking the above Examination. I bind myself by all Rules and Regulations of the University in this connection.

1. Name: _____

2. Father's Name: _____

3. Class Roll No. _____ 4. Enrolment No. _____

5. Present Residential Address: _____

6. Telephone No. _____ 7. Mobile No. _____

Signature of Candidate

Note:

1. This form should be submitted in the office of the concerned Department latest by 16th November, 2009
2. List of Students allowed to take Examination shall be displayed on the Departmental Notice Board / University Website
3. Schedule of all Examinations shall also be displayed on the Departmental Notice Board / University Website.