**PGS – 5** *(in quadruplicate)*

**COURSE PROGRAMME**

Department: …………………………………….. College: …………………………………

Name of the Student: Mr. / Miss ……………………………………………………………….

Id. No……………………. Degree Programme: ……………………………………………

Major …………………………………… Minor ..…………………………………..….

Admission ………………………. (Semester)………………………….. (Year)

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| **S. No.** | **Course No.** | **Course Title** | **Credit hours** | **Sub-total** |
| 1. **Core Courses-major** | | | | |
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| 1. **Core courses- minor** | | | | |
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| 1. **Basic Supporting Courses** | | | | |
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| 1. **Deficiency Courses** | | | | |
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| 1. **Non-credit Compulsory courses** | | | | |
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| 1. **Thesis Research** | | | | |
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| **Total-** |  |  |  |  |
|  |  |  | ***Please see overleaf*** | |

**Thesis Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Advisory Committee**

Certified that the above course programme has been thoroughly examined by the members of Advisory Committee and it has been prepared in accordance to the Academic Regulations.

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|  | Chairman Advisory Committee  Sign.-  Name-  Designation- |
| **Members**  Signature-  Name-  Designation- | Signature-  Name-  Designation- |
| Signature-  Name-  Designation- | Signature-  Name-  Designation- |

**Recommendations/Comments/Approval**

|  |  |
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| **Head of the Department** | **Dean of the College** |

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| **Dean Post Graduate studies** |