**FORM TH-4**

**National University of Sciences & Technology**

**MASTER THESIS WORK**

We hereby recommend that the dissertation prepared under our supervision by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Regn no**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Titled**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** be accepted in partial fulfillment of the requirements for the award of **MS \_\_\_\_\_\_\_\_** degree and awarded grade ------- (Initial\_\_\_\_\_\_\_).

**Examination Committee Members**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

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Supervisor Name: \_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co- Supervisor Name: \_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_

Head of Department Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Principal & Dean SCEE