

National University of Sciences & Technology

MASTER'S PROJECT WORK

Formulation of Guidance and Examination Committee

Name:

Regn No:

Department:

Specialization: _____

Date _____

Student's Signature _____

Project Supervisor/Advisor:-

Name: _____

Department: _____

Signature: _____

Project Co-Supervisor/Co-Advisor (Optional):-

Name: _____

Department: _____

Signature: _____

Project Committee Members

GEC Members

1. Name: _____

Department _____

Signature: _____

2. Name: _____

Department _____

Signature: _____

Industry Expert (Mandatory)

3. Name: _____

Department _____

Signature: _____

Industry Expert (Optional)

4. Name: _____

Department _____

Signature: _____

Date: _____

Signature of Head of Department

APPROVAL

Dean/Principal

Date: _____

National University of Sciences & Technology
MASTER'S PROJECT WORK

1. **Name:** _____ **2. Regn No:** _____
 2. **Department/Discipline:** _____
 3. **Institute:** _____
 4. **Project Title:**
 5. **Executive Summary of the Project:**

 6. **Product/service line**
Description of product or service – what is unique about it and why will it be a success? Indicate any uncertainty.
 7. **Market Analysis**
Competitor Analyses: Outline of the industry, how you fit in and what will be the market share.
Market Segmentation: Who is the primary customer? What are the demographics of this customer base? Why have you chosen this customer base and how large is it? What are the trends that are influencing and affecting the market (customer base)? How your business is addressing these trends? Competitor analysis.
Pricing Strategy: What will be the price of the product/service? How it is going to be distributed?
 8. **Marketing and sales**
Discuss market penetration strategy and the subsequent channels of distribution and a communications strategy suitable for reaching customers. This also should include an overall commercialization strategy that outlines the selling activities.
 9. **Operations**
Discuss Key resources (tangible and intangible) required for the operations such as required facilities and equipment, inventory management, strategic location, key partners? What about the key competencies required for the project?
 10. **Financials**
Cost Structure
Expected Revenues

Expected Profit
Valuation of the Business (NPV, IRR, Payback Period)
-

National University of Sciences & Technology
MASTER'S PROJECT WORK SCHEDULE FOR PRELIMINARY EXAMINATION
(Approval of Project)

Name: _____

NUST Regn No: _____

Department: _____

Project Title: _____

Target date of examination: _____

Supervisor: _____

Note: This form should be in the College Registration & Examination Branch one week in advance of the target date. The examination must be held within a period spanning six days before to six days after the target date. In the event of multi-part preliminary examination, only the last segment must be scheduled.

Signature of the Supervisor: _____ **Date:** _____

For College use:

Actual date of preliminary examination: _____

Resolution with Form PJ-2 A

National University of Sciences & Technology
MASTER'S PROJECT WORK

REPORT OF PRELIMINARY EXAMINATION

Name: NUST Regn No:

Department: This is a: _____ Preliminary Examination

Target date as specified on Form PJ-2: _____
Actual date on which examination occurred: _____

Result of the examination: **PASS** **FAIL**

Examination Committee	
Committee members voting to PASS	Committee members voting to FAIL
_____	_____
_____	_____
_____	_____
{Supervisor (Committee Chair)}	{Supervisor (Committee Chair)}
_____	_____

Signature of Head of Department

Date

If, following failure of a first examination, a second is to be permitted, please list the conditions that must be met beforehand.

It is the student's responsibility to submit this form to the Dy Controller of Examination within two working days of the examination.

For College use only

Resolution of this form with Form PJ-2: _____

Date: _____

Dean/Principal

National University of Sciences & Technology

MASTER'S PROJECT WORK Final Oral Exam

Student's Name: _____ Regn No. _____

Department: _____

Title: _____

Name of the Supervisor: _____

Executive summary of the project

Open to public

Location: _____

Date/Time _____

Copy to all department

Signature _____
(Project Advisor)

National University of Sciences & Technology

MASTER'S PROJECT WORK

We hereby recommend that the project report prepared under our supervision by:
(Student Name & Regn No.) _____

Titled: _____ be
accepted in partial fulfillment of the requirements for the award of
_____ degree and awarded grade _____. _____ (Initial).

Examination Committee Members

1. Name: _____ Signature: _____
2. Name: _____ Signature: _____
3. Name: _____ Signature: _____
4. Name: _____ Signature: _____

Supervisor's name: _____
Signature: _____
Date: _____

Head of Department

Date

COUNTERSIGNED

Date: _____

Dean/Principal

National University of Sciences & Technology

**MASTER'S PROJECT WORK
PETITION FOR CHANGE IN THE GUIDANCE COMMITTEE**

Date: _____

Name: _____

Regn No: _____

Department: _____

Specialization _____

COMMITTEE MEMBERS CHANGES

SIGNATURE OF THOSE TO BE DELETED ARE REQUIRED

If signature for deletion cannot be obtained, type the reason on the signature line

Delete

Add

Signature: _____

Signature: _____

Name: _____

Name: _____

Department: _____

Department: _____

Signature: _____

Signature: _____

Name: _____

Name: _____

Department _____

Department _____

Signature: _____

Signature: _____

Name: _____

Name: _____

Department _____

Department _____

SUPERVISOR/CO-SUPERVISOR CHANGES

SIGNATURE OF THOSE TO BE DELETED AND/OR ADDED ARE REQUIRED

If signature for deletion cannot be obtained, type the reason on the signature line

Signature: _____

Signature: _____

Name: _____

Name: _____

Department _____

Department _____

—

Signature of Supervisor

Signature of Student

Signature of Head of Department

Date

APPROVED

Date

(Principal)