



INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
Faculty of Basic & Applied Sciences

RESULT OF COMPREHENSIVE EXAMINATION

1. Name: _____
2. Registration #: _____
3. Degree Programme: _____
4. Course work completed on: _____
5. Date of comprehensive Examination: _____

Result of comprehensive examination as a whole/partial:

S. No.	Course Title	Total Marks	Marks Obtain	Required Passing Marks=200

Signature of members of examination committee

1) Sign _____ 2) _____ 3) _____ 4) _____
Dr. Dr. Dr. Dr.

Signature of Chairperson: _____

Signature of Dean, FBAS _____

Director Academics