



Recommendation for Thesis Printing/Claim Form
RCMS

Student's Information

Name: _____ Regn No: _____

Program: _____ Session: _____

CNIC No: _____ HBL Account: _____

Cell No.: _____ Email: _____

Address: _____

Thesis Information

Title: _____

Author: _____

No. of Color Pages _____

Total Pages: _____

Date: _____ _____ Student Signature

Serial No. _____ Verified by: _____

RECOMMENDATIONS

Supervisor: _____

Date: _____ Signature & Stamp _____

O IC Library: _____

Date: _____ Signature & Stamp _____