



ALHAMD ISLAMIC UNIVERSITY

Alhamd Research Centre (ARC)

Evaluation Form - I

Department: _____

Program: _____ Semester: _____ Session: _____

Project Title: _____

S#	Registration No.	Student Name	Supervisor Name	Project Report	Project Demonstration	Project Presentation	Viva (Q/A)	Total
				25	25	25	25	100
1								
2								
3								
4								
5								
Remarks:								

Evaluator Name: _____

Evaluator Signature: _____ Date: _____

HOD/PC Remarks: _____

HOD/PC Signature: _____ Date: _____

Director/Deputy Director (Research)