



Center for Advanced Studies in Engineering

Sir Syed Memorial Building, 19 Ataturk Avenue, G-5/1, Islamabad

Telephone: 92-51-2871700-02 Fax: 92-51-287-1703

Email: info@case.edu.pk Web: www.case.edu.pk

Doctor Qualifying Exam Registration Form

Instructions: Mail or hand-deliver this form along with proof of submission of DQE fee. Distance Learning Students must send a demand draft/postal pay order, payable to CASE.

Note: DQE Registration form will not be accepted without proof of submission of fee (Rs 8,500 / 640 \$).

CASE Roll No: _____ UET Reg. No: _____
 Name: _____
 First Middle Last
 Tel. No: _____
 Email: _____ Address: _____
 Semester: Fall Summer 20_____

Courses for DQE Summer 2007.

1. Management of Technical Organization and Practices.
2. Finance for Technical Managers
3. Problem Solving and Decision Making in Engineering Environment
4. Quality Improvement in Technical Concerns
5. _____
6. _____

Fee Charges:

No.	Particulars	Amount
1	DQE Fee (Rs 8,500/ 640 \$)	
	Total Amount Due	

Sponsoring Agency: _____

Amount to be paid by the sponsor: _____

Previous DQE (If attempted) Written or Oral

Provide the following information, if you have appeared in the DQE Exam before.

Course Name	Written	Oral	Semester	Result
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

PLEASE READ THE FOLLOWING AND SIGN: *I hereby solemnly declare that I shall fulfill all my commitments (financial, academic, etc.) to CASE before the deadline. In case I fail to fulfill any of my obligations, CASE may not allow me to take the DQE exam.*

Student's Signature: _____ Date: _____

Received by: _____ Date: _____

Doctor Qualifying Exam Registration Form

Roll No: _____

Fee Submitted: _____

Course(s) Name: _____

Received: _____

Date: _____