



University of Loralai

OFFICE OF THE DIRECTOR POST GRADUATE STUDIES / ASRB

ACCESS

QUALITY

RELEVANCE

APPLICATION FOR SUBMISSION OF M.S/ M.PHIL / PH.D THESIS

1

Name of Scholar			
Father Name			
C.N.I.C No.		Scholar Email	
Department/Center/Institute			
Telephone No.		Cell No.	
Registration No.		Registration Date	
Program of Study			

2 Research Title as per synopsis approved by AS&RB

Name of Supervisor		Supervisor Email	
Affiliation & Designation of Supervisor			
Name of Co Supervisor (if any)			
Date of Expiry: Minimum Period		Max Period	

Extension granted by AS&RB:

i)	Vide letter No.		Dated		Ext: Period	
ii)	Vide letter No.		Dated		Ext: Period	
iii)	Vide letter No.		Dated		Ext: Period	
iv)	Vide letter No.		Dated		Ext: Period	

3 PRE REQUISITES COMPLETED

i)	Date of completion of Course Work					
ii)	Date of declaration of Result.					
iii)	Date of comprehensive examination (for PhD)		Marks Obt:			
iv)	Synopsis approval from AS&RB					
	Date of Meeting		Meeting No.		Item No.	
v)	Research supervisor approval from AS&RB					
	Date of Meeting		Meeting No.		Item No.	

vi) Seminars delivered with Title and Date (if applicable)

vii) Accepted /Published Research paper:

Title:

Name of Journal

Vol No. Issue Page No. to Date of Publication

Journal category as per HEC criteria Impact Factor

viii) Fee Paid

Thesis & viva voce fee HBL Challan No Date

Signature of Scholar

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It is certified that Mr./Ms. _____ M.S / M.Phil / PhD scholar has completed the research work under my supervision and completed all pre requisites for submission of thesis.

Signature of Research Supervisor
Official Stamp

Remarks of Chairperson/Director concerned.

Signature of Chairperson/Director
Official Stamp

Remarks of Dean of Faculty

Signature of Dean of Faculty
Official Stamp