PhD Student Application Form

For So Stude	cation date: emester: nt Name:				_	ring	Year: Tel no:			
Progra	ess: am: sed Area/Topic of Re					Part time	Ful	l Time		
Sr#	Criteria	Year	Do on	egree/Specializati	U	niversity/Institute	e Years	Grade	Atta	ached
	Intermediate/A- Level								□ Y	□N
1.	Bachelors	ļ	1. 2.						□ Y	□N
2.	Masters:	ļ	1. 2.						□ Y	□N
	Min 17.5/18 years				То	tal Years				
	<u> </u>	I	Entry '	Testing Require	men	its		<u> </u>		
3. GA	AT General Test □Y □	□ N GA		ject Test □Y		Statement of p	ourpose		_ \ \	∥□N
4.	Suggested Supervisor	r(c)	Su	ggested Supervis Designation	or	Or	ganizati			onsent?
1.	Buggesteu Buper visor	1(3)		Designation		OI	gamzan			
2.										Y □ N
]	Letter	of Recommenda	tio				·	
5. 1.	Refere			Designation		Or	ganizati			Letter? ✓ □ N
2.										Z D N
				Publications:		:			-	-
Sr#		Title of pape				J	ourn al		Year	Vol /No
1.		Р"Р								7110
2.										
3.			Fm	ployment Histor	• • •					
Sr#		Designa		proyment mstor	<i>y</i> •	Orga	nization		From	To
1.										
2. 3.										
J.			Fo	or Office Use onl	y					
Rec	ommended by						Approved	by		
Pan	el Member 1	•••••		Admission'	s De	epartment		OGS	S	
Pan	el Member 2	•••••								
Pan	el Member 3	••••••		Dean S e	ecre	tariat		Recto	or	

Credit Transfer Form

Date:							
Student N	ame:				Reg. No		
Field of S	tudy:			Area of R	esearch:		
Previous I	nstitute:				Previou	ıs Program	:
No. of Co	urses Passed:			Passii	ng Semester:		
	Previous Qualif	ications			IoBM Equivalen	ce	Course
Course code	Course Title	Credit Hours	Grade	Course code	Course Title	Credit Hours	Matched (Yes/No)
Commit 1. Coord 2. Dean. 3. OGS	tee: inator/HoD PhD,						
	HoD / PhD Coord	dinator				Dean OGS	
	Admissions O	office				Rector	

Distribution:

- Student Registration File
- OGS office file
- Examination

Course Registration Form

Student Name:		Reg. No:	
Field of Study:	Ar	rea of Research:	
No. of courses passed:	CGPA: Ser	nester applied for:	
Course Code	Course Title	Credit Hours	Approved
			<u>'</u>
Admi	ission Department		ean

OGS/R

2.1 Supervisor Selection Form

Date:		
Student Name:	Reg.	No.:
Field of Study:	Area of Resear	rch:
Research Title:		
Supervisor/s:		
Supervisor Name:	Last Degree:	Designation:
Institute:	Area of Specialization:	Signature:
	Theu of specialization.	Signature.
Co-supervisor Name:	_	Designation:
Institute:	Area of Specialization:	Signature
		Student's Signature
Note: Supervisor's CV should be attached with th	nis form	
		
		Dean
HoD /PhD Coordinate	or	
1102 /1 112 0001 411141		OGS

Distribution:

- Rector office
- OGS Office

2.2 PhD Students Status & Progress Tracking Form

To be "manually" updated every semester to track and document the changes in the schedule commitments by student

Personal Details (To be filled by st	cudent)		
Date: Student Name:			
Reg. No.:	Program:		Field of Study:
Contact No: (Mobile)		Permanent	:
Previous Qualification:			
Bachelor:	_ Masters:		Years of
Qualification:			
Date of Admission / Semester:			GAT Subject:
Full / Part Time:	Research Group:		
Supervisor/s:			
Name:		Na	ıme:
Signature:		Sig	gnature:

PhD Milestones:

S • #	Milestone	Planned Term	Annex #	Remarks	Review-1	Review-2	Review-3	Revie w-4	Revie w-5	
i	GAT General Test									
ii	Bachelors: Number of Years									
iii	Masters: Number of Years									
iv	HEC criteria for admission fulfilled									
٧	GAT Subject Test									
vi	Supervisor									
vii	Co-Supervisor									
1	Comprehensive Exam									
2	Proposal Defense*									
3	Candidacy approved by BASR**									
4	Doctoral Committee			1 2						
	Committee			3						

5	Dissertation document completed						
6	Dissertation checked against plagiarism						
7	Dissertation evaluated by two foreign experts						
8	Journal Publication in HEC approved Journal						
9	Open Defense						
10	Approval of dissertation by BASR						
11	Submission of dissertation to HEC						
	Courses Rea	gistratio	n: Plan	ned V	's Actual		
	Course	Planned Term	Actual Term	Fee Paid	Registered	Remarks	
1	Readings in Business Research						
2	Multivariate Analysis						
3	Philosophy of Business						

	Course	Planned Term	Actual Term	Fee Paid	Registered	Remarks
1	Readings in Business Research					
2	Multivariate Analysis					
3	Philosophy of Business Management					
4	Replication of Research					
5	Elective-1					
6	Electiv-2					
7	Supervised Research					
8	Supervised Research					
9	Supervised Research					
10	Supervised Research					
11	Supervised Research					
12	Supervised Research					
13	Supervised Research					

Student's Name:	Signature:	Date:
Supervisor/s:		
Name:	Name:	

Signature:	Signature:
HoD / PhD Coordinator:	•••••
Copy to:	
Dean	
OG	

Allowed after first attempt of Comprehensive Exam

** Case will be forwarded to BASR after passing of comprehensive exam & successful proposal defense

HEC Research Student Progress Review Form
(To be filled out by Master/M.Phil. / Ph.D. Research Students on six monthly basis)
To be submitted by the HoD/Dept. Quality Officer to the QEC

For Research Student to Complete:

- 1. Date of admission to the department
- 2. Date of initiation of research
- 3. Date of completion of Course work
- 4. Number of credit hours completed

Student Name:

- 5. Date of synopsis Defense
- 6. Cumulative grade point Average (CPGA) secured
- 7. Please outline details of progress in your research since your last review (including any research publications)
- 8. Do you have any comments on the level of supervision received?
- 9. What do you plan to achieve over the next 6 months?
- 10. Do you have any comments on generic or subject –specialist training you may have received or would like to receive internally and /or externally?
- 11. Do you have easy access to sophisticated scientific equipment?
- 12. Do you have sufficient research material/commodities available?

Supervisory Committee Comments	
(Please comment on benchmark the student's progres and external HEC Quality Criteria for Master/PhD/M	ę ,
Supervisor:	Signature and Date:
Co-Supervisor:	Signature and Date:
Co-Supervisor:	Signature and Date:
Head of Department Comments:	
Signature:	Date:
Director, Board of Research Studies (or equivalent) Co	omments:
Signature:	Date:
Dean/Director, QEC Action: (including monitoring of	Follow-up action) Date

Signature and Date:

Supervisor Change Form

Student Name: Reg.No: Field of Study: Area of Research: Research Title: Last Supervisor's: Name: Last Degree: Designation: Institute: Signature: New Supervisor/s: Supervisor Name: Last Degree: Designation:
Research Title: Last Supervisor's: Name: Last Degree: Designation: Institute: Signature: New Supervisor/s: Supervisor Name: Last Degree: Designation:
Last Supervisor's: Name: Last Degree: Designation: Institute: Signature: New Supervisor/s: Supervisor Name: Last Degree: Designation:
Name:
Institute: Signature: New Supervisor/s: Supervisor Name: Last Degree: Designation:
New Supervisor/s: Supervisor Name: Last Degree: Designation:
Supervisor Name: Last Degree: Designation:
Institute: Signature:
Co-Supervisor Name: Last Degree: Designation: Last Degree: Signature:
Student's Signatur Note: Supervisor's CV should be attached with this form)

3.2 Comprehensive Exam Form

Date:	
Student Name:	Reg. No:
Field of Study:	Area of Research:
No. of Courses Passed:	Passing Semester:
	Student's Signature
Date Planned:	Signature HoD/Dean
<u>For</u>	r Official Use
Compressive Committee is requested to prepare of this notification and submit it to Examination	comprehensive examination within one week of receipt n Department in a sealed envelope.
HoD / PhD Coordinator	Dean
To be filled by 1	Examination Department
To be filled by 1	
To be filled by 1	Examination Department
To be filled by 1	Examination Department
To be filled by I Comprehensive exam will be held on Invigilator:	Examination Department atin
To be filled by I Comprehensive exam will be held on Invigilator: To be filled after C	Examination Department atin
To be filled by I Comprehensive exam will be held on Invigilator: To be filled after C Compre Date & Time:	Examination Department atin
To be filled by I Comprehensive exam will be held on Invigilator: To be filled after C Comprehensive exam will be held on	Examination Department atin



4.3 PhD Proposal Defense Requisition Form

Student Name:	Reg. No.:
Field of Study:	Area of Research:
Research Title:	
Student's Signature:	
Supervisor/s:	
Name:	Name:
Signature:	Signature:
Rec	ommended by
Plagiarism checked by Turnitin and simila	arity index is less than 19%
☐ I confirm that the student is ready for propo Satisfactory to my Knowledge.	sal defense and Overall Research Proposal is
Supervisor/s:	
•	Name:
Name:	Name:
Name:	
Name:	Signature:
Name: Signature: For a second of the left of the le	Signature:or Official Us
Name:	Signature: Or Official Us atin Date
PhD proposal defense will be held on Proposal Defense Panel Members are: 1. Subject Expert: Dr:	Signature: or Official Us at in Date

4.4 Phd Proposal Defense Form

To be filled in by Defense Committee Members & Examiner(s)

Observations	Excellent Go	ood Average	Below Average	Poor
 Introduction: a. Area of study has relevance to subject and original contribution can be made. b. Student has placed his/her study in the context of previous work in the area c. The purpose of the study is clearly stated 				
Comments:				
Literature Review: a. Well organized and integrated review of literature. b. The student demonstrated a thorough understanding and critical approach to the literature. c. Theoretical framework supported by literature is included d. Hypotheses/Research Questions are appropriate and clearly articulated				

Methodology:					
a. Research design was appropriate to address					
hypotheses/research questions					
b. Sampling:					
 Population 					
Sampling Method					
 Sampling size appropriate 					
c. Student has identified adequate procedures to be					
used to analyze the data.					
d. Student adhered to APA guidelines pertaining to					
ethics, organization, and language					
Comments:					
Research Plan:					
A tentative research plan is available in the report and					
discussed by student in his/her presentation which					
shows overall research targets and how researcher					
would achieve those within given timeframe. For					
instance, using Gantt Chart (or any other relevant					
tool) monthly/quarterly/annual research targets					
should be presented and number of activities					
completed at each stage of research.					
Comments:					
Presentation:					
a. Student's presentation material is informative					
b. Student's answers to questions reflected					
knowledge of his/her area of study					
c. Student clearly explained his/her research work					
and his communication skills are acceptable					
Comments:					
Comments.					
Academic Writing:					
a. The report meets PhD level academic writing					
standards					
b. Student clearly expressed his/her views when it					
comes to writing					
c. The overall quality of report is acceptable and does					
not require any proof-reading					
Comments:					
Note: This proposal evaluation form will be filled individually by the relevant po	anelists and quor	um is 3 n	iembers out o	f 4.	-

Please Tick the appropriate: $()$	
Accept the Research Proposal Accept with minor changes	
Time limit for accepting changes:	
Minor – 2 weeks to 1 month (to improve after receiving list of companelists/examiners) Major – 1 to 2 months (to improve after receive panelists/examiners) Rejected – The research topic needs to be changed/improved further obtain PhD level qualification through this research work. Please conto receive guidance.	ving list of comments from as it is not enough to
Other Comments if any (Please use additional sheet if requi	ired):
Examiner Name:	Signature:
HoD /PhD Coordinator:	Signaturas
110D/1 IID Cool ulliator.	Signature:
Relevant Dean:	Signature:
OGS /Rep:	Signature:

4.5 PhD Proposal Defense Approval

Date:	_	
Student Name:	Registration No:	
Field of Study:	Area of Research:	
Research Title:		
Supervisor/s:		
Name:	Name:	•••••
Signature:	Signature	•
his/her name is recommended to Boar Supervisor/s:	tu or muvumeeu studies es meseus	ten for approvan
Name:	Name:	
Signature:	Signature:	
HoD / PhD Coordinator	Dean	 I
Approved by Board of Advanced Studie	s & Research in its meeting held on: the resolution/item no:	
Secretary BASR	OGS	Rector

5.1 PhD Supervised Research Log

Student Name:		Reg.	No	Regist	ration Year:
Department:			Area of Research:		
	Credit l	Hours Register	ed in:		
Date & Duration of Meeting	Assignment Deta Discussed	iils	Progress (Satisfac satisfactory		Signature of Supervisor
Please Tick th	e appropriate: (√) O	overall Comme	nts		
Satisfactory:		Torun Commen	.eu		
Supervisor/s		HoD / PhD C	oordinator		 Dean

Note: Supervisor is supposed to have at least 10-12 meetings in a semester and at the end of the semester, this log is supposed to be maintained and submitted to the relevant Program Coordinator and the office of OGS.

6.1 Publication Details

The details of the publications men	tioned above are correct and fulfills the	e HEC's /IoBA	A's requirements for PhD		
	For Official Use				
		Stud	ent's Signature		
	category				
Title of Research Paper	Title of Journal and its category	Year	Volume/Issue		
ublication Details:					
o. of Courses Passed:	Passing Ser	Passing Semester:			
eld of Study:	Area of Res	Area of Research:			
udent Name:	Reg. No.: _	Reg. No.:			

7.2 PhD Dissertation Evaluation Requisition Form

Student Name:		Reg. No.:	
Program: I	Field of Study: A	Area of Research:	
Research Title:			
Supervisor/s:			
Name:		Name:	
Program Starting Semester:	Suggested Time Frame: From:	To:	
□ Plagiarism Checked thro	ough Turnitin		
□ PhD Dissertation docume	ent checked/finalized		
□ Copies of finalized PhD I	Dissertation document submitted to Office of	Graduate Studies(OGS)	
		HoD/ PhD Coore	
		HUD/ I IID CUUI	alliator —
	Proposed Evaluators and Exam	niners to BASR	
Dissertation Evaluator	rs Full Name and Designations:		
(Please use additional	sheet for the brief profile of each Evalu nd affiliation (university and country w		es: designation,
′)			
2 3			
3 4			
3 4			
3 4			
3			

1 PhD Dissertation Open Defense (Viva) Form

Field of Study: Area of R	esearch:
Research Title:	
Supervisor/s:	
Name:	Name:
Signature:	Signature:

To be filled by the Defense Committee Members (Examiner and Subject Expert separately)

	Content	Good	Fair	Poor	General
The ab	stract				
1.	It is self-contained and unambiguous, contained statement of				
	problem,				
Introd	uction:				
1.	Student made a clear argument for need to conduct research				
	on his/her proposed topic.				
2.	Scope of student's research study is appropriate for project.				
3.	Student addressed strengths and limitations of existing				
	literature.				
Literat	ture review				
1.	Student identified an area of study that has relevance to				
	subject area and in which an original contribution can be				
	made.				
2.	Student placed his/her study in the context of previous work				
	in the area.				
3.	Hypotheses / research questions were appropriate and clearly				
	articulated.				
4.	Student provided a concise, well organized, and integrated review of				
	relevant literature.				
5.	Supporting literature was provided for hypotheses				
1.	Methodology (where applicable)				
2.	Research design is appropriate to address hypotheses /research				
	questions.				
3.	Student demonstrated understanding of relevant constructs				
	and variables to be utilized in his/her				
	and talkeles to be willed in morner				
_					

	4 4 1 1 4 4 1 1					
	4. Analysis to estimate sample size.					
	5. Estimated number of participants is appropriate					
	for the study.					
	6. Description of measures to be used in the study is					
	provided.					
	7. Relevant forms of reliability and validity					
	studies are provided.					
	8. Student identified and adequately described					
	proposed statistical procedures to be used to					
	analyze data					
	ults (for quantitative study)					
	1. Provided major findings					
	2. Results are convincing and support					
	objectives/Research question					
a						
	nmary and Conclusion					
	1. Provided summary or conclusion regarding					
	significance of work					
	2. Conclusion relates with earlier studies and objectives					
	of the research					
Ple	ase tick ($$) the appropriate:					
Stu	dent meets the minimum expected level of competency for	subject	dissertati	ion		
Stu	dent does not meet the minimum expected level of compete	ncy for	subject of	dissertat	ion	
	r	<i>y</i>	J			
						
In t	he view of the above (Please tick ($$) the appropriate	e):				
	and the first and the (in the appropriate	-,•				
	☐ The dissertation merits the award of the PhD degree	e.				
	☐ The dissertation merits the award of PhD degree af	ter min	or chan	ges as		
			or chang	500 40		
	suggested.					
	☐ The dissertation merits the award of PhD degree aft	er majo	or revisi	on as su	iggested.	
	Please Tick ($$) the appropriate, if major changes required	1 :				
	a) Document is supposed to be sent back for re-evaluation a	after inco	orporating	the maj	or changes	
	suggested.				-	_
	b) Subject expert is authorized to review the changes	incorpo	rated \square			
		•				
	☐ The dissertation does not merit the award of PhD d	egree a	na is rej	jectea.		
1.0						
1.0	over all Comments in General:					
	Main Change (Diagonalica)					
A.	Major Strengths (Please specify)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
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• • • •						
D	Major Wookness (Places Specify)					
В.	Major Weakness (Please Specify)					
				• • • • • • • • • • • • • • • • • • • •		
				• • • • • • • • • • • • • • • • • • • •		

2. Specific Comments (Please highlight the comments if any Fair/Poor suggested above). Please use additional sheet if required
Full Name of Evaluator:
Designation:
Signature:

PhD Dissertation Defense Certificate 10.1 Student Name: _____ _____ Reg No: ___ Study: Field of Area of Research: Research Title: Supervisor/s: Name: Name: Signature: Signature: This is to certify that the above mentioned student has successfully defended his/her PhD dissertation in an open defense and his/her name is recommended to Board of Advanced Studies & Research for approval. **HoD/PhD Coordinator** OGS Supervisor/s Dean Approved by Board of Advanced Studies & Research in its meeting held on date: With reference to the resolution no/item no Student Name: _____ Reg No: ____ Field of Study: _____ Area of Research: _____ Research Title: **Secretary BASR OGS** Rector Dean

11.1 List of Recommended External Evaluators

and Defense Examiners for BASR Name of student: Title of thesis/dissertation: Name of supervisor: Degree Program (PhD): External evaluator 1 External evaluator 2 Name: Name: Designation Designation Highest Degree: Highest Degree: University: University: Area of Specialization: Area of Specialization: Postal Address: Postal Address: Email Address: Email Address: Contact #: Contact #: Consent sough: Consent sough: CNIC Number: CNIC #: Evaluator from Technology Advanced Evaluator from Technology Advanced Country as per HEC: Country as per HEC: **External evaluator 3 External evaluator 4** Name: Name: Designation Designation Highest Degree: Highest Degree: University: University: Area of Specialization: Area of Specialization: Postal Address: Postal Address: Email Address: Email Address: Contact #: Contact #: Consent sough: Consent sough: CNIC #: CNIC #: Evaluator from Technology Advanced Evaluator from Technology Advanced Country as per HEC: Country as per HEC: **Defense Examiner 2: Defense Examiner 2:** Name: Name: Designation Designation Highest Degree: Highest Degree: University: University: Area of Specialization: Area of Specialization: Postal Address: Postal Address:

Note: A brief profile of the Evaluators and Examiners are to be submitted to OGS-Office while sending the names for approval to BASR

Email Address:

Consent sough:

Contact #:

CNIC #:

Email Address:

Consent sough:

Contact #:

CNIC #:

12.1 Check list as per HEC Requirements for PhD

Students Name:	Student ID:
Department/College:	Degree in area:

Eliş	gibility Criteria for PhD Degree:	
1	A minimum CGPA of 3.00 on a scale of 4.00	
2	A Minimum of 18 Years of relevant schooling that corresponds to MS/M. Phil or equivalent degree from HEC recognized institutions in a relevant discipline.(with 06 credit	
3	GRE Subject or GAT test conducted by the NTS. A minimum of 60% marks is	
4	Passed interview conducted by the Admission Committee.	

Pro	ogram Completion Requirement:	
1	Admission Offer Letter	
2	Pre-Requisites (if any) Completed	
3	Six graduate level Courses (18 credit hours)	
4	Comprehensive Exam	
	Date Announced:	
	 Formation of Comprehensive committee 	
	Comprehensive Test Conducted:	
	 Comprehensive test paper (photocopy) 	
	■ Comprehensive Passed	
5	PhD Proposal open Defense	
	• Request For:	
	MOCK presentation:	
	Proposal Defence Conducted	
6	BASR approval of PhD proposal	
	 Date of Approval in BASR Meeting. 	
7	Completion of 30 credits Hours PhD Dissertation along with semester wise	
8	Publication of at least one research paper based on the PhD research in an HEC	
•	recognized	
	"X" category journal in case of Sciences and "Y" category in case of Management & Social Sciences. An official acceptance of paper is also acceptable before the	
9	Plagiarism checked through Turnitin software and found less than 19% before dissertation	
10.	Selection of 02 External Evaluators and 01 Defense Examiner as per HEC requirement and	
11.	Inclusion of comments (if any) given by evaluators (certified by the Relevant HoD/Dean if	
12.	Open defense of PhD dissertation by External Examiner approval by BASR	
13	Finalization of Dissertation in the light of Examiners suggestion (certified by the relevant	

Approval,	
Notification (Annexure 7.1)	
Approval of Degree by BASR	
Submission of 04 Dissertation copies as per IoBM format.(after completing all	
Submission of 02 soft copies in CD with PDF format	
Submission of PhD Country Directory Performa duly filled and signed	
Degree Completion certificate by the relevant authorities (Annexure 10.1).	
Degree award	
	Approval of Degree by BASR Submission of 04 Dissertation copies as per IoBM format.(after completing all Submission of 02 soft copies in CD with PDF format Submission of PhD Country Directory Performa duly filled and signed Degree Completion certificate by the relevant authorities (Annexure 10.1).

Supervisor/s	HoD /PhD Coordinator	Dean	ogs

OFFICE OF THE CONTROLLER OF EXAMINATIONS

NOTIFICATION

No						Date:		
It is notified for	or the informat	ion of all conce	erned that N	/Ir/Ms		(Name of Student)		
PhD S	cholar of	(Name of Depar	tment)	_ of		(Name o-f University)		
	has complet	ed all the requ	irements fo	r PhD award	including	fulfillment of PhD		
quality criteria	a of HEC and th	e university. Tl	he scholar h	as become e	ligible for	award of PhD degree in		
the discipline		(Name	of Subject)/Progra	m	as	per detail given		
hereunder:								
PhD in _	(Name of subject/pr	ogram)		Cun	nulative Re	esult		
			(Credit Hours				
Registration No.	Scholar's Name	Father's Name	Course Work	Research Work	Total	Cumulative Grade Point Average CGPA		
Research Top	ic:							
<u> </u>								
_								
Local Supervis	sor-I Name:							
— Local Supervis	sor-II Name:							
_						_		
Foreign/Exter	nal Examiners:							
a) Name	2:							
	rsity:							
	ess:							
	e:							
,	rsity:							
	ess:							

		Signed b Controlle	y er of Examinations
nature & stamp ncipal Supervisor ted:	Signature & stamp Controller of Examination Dated:	Signature & stamp Office of Graduate Studies Dated:	Signature & star Rector Dated:



Higher Education Commission Statistical Information Unit (SIU) Proforma for Ph.D. Country Directory (PCD)

For HEC use								
No.								

Please find below PCD proforma of the PhD scholar for entry in PhD Country Director (PCD).

S. No.	Name of Uni	versity, Department and Subject						
1.	Name of university							
2.	Sector	☐ Public ☐ Private						
3.	Name of department							
4.	Subject							
5.	Subject Discipline	☐ Sciences ☐ Social Sciences ☐ Engineering/Technology						
S. No.		Details of Scholar						
1.	Name							
2.	CNIC No.							
3.	Contact information	Mobile:						
		Landline:						
		Email:						
4.	Gender	☐ Male ☐ Female						
5.	Is the graduate an HEC Scholar?	☐ Yes ☐ No						
6.	Title of dissertation							
6. 7.	Title of dissertation Date of enrollment in university	(DD/MM/YYYY)						
	Date of enrollment in university							
7.	Date of enrollment in university							
7. S. No.	Date of enrollment in university Details of Exam	minations and Dissertation Defense						
7. S. No. 1.	Date of enrollment in university Details of Exam Date of comprehensive examination. Date of approval of Synopsis/Research Proposal by the	minations and Dissertation Defense (DD/MM/YYYY)						
7. S. No. 1. 2.	Date of enrollment in university Details of Example Date of comprehensive examination. Date of approval of Synopsis/Research Proposal by the BASR or equivalent statutory body. Date of submission of Ph.D. dissertation to university before	minations and Dissertation Defense (DD/MM/YYYY) (DD/MM/YYYY)						

Name of Scholar:									
CNIC:			-					-	
Date:									

S. No.	Details of Supervisor									
1.	Name		•							
2.	Designation									
3.	BPS or TTS									
4.	Detail of Univers Employed during the supervision of Scholar	ity/Institute period of PhD	University Name: Designation: BPS or TTS: Date of Joining: Date of Relieving:							
5.	Detail of Univers Currently employed (If currently employed institution)	ity/Institute I at other	University Name: Designation: BPS or TTS: Date of Joining: Date of Relieving:							
6.	CNIC									
7.	HEC approved Supervision the period of supervision Scholar)		□ Yes □ No							
8.	Subject of specialization									
9.	Contact information		Address:							
			Email:							
			Contact No.							
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