



1.1 MS/MPhil Student Online Application Form

Application Date:

For Semester: ☐ Fall ☐ Spring Year: _____

Student's Name: _____

Address: _____ Tel # _____

Proposed Area of Research: _____.

Qualifications

S#	Criteria	Year	Degree/Specialization	University/Institute	Years	Grade	Attached?
1.	Intermediate/A-Level						<input type="checkbox"/> Y <input type="checkbox"/> N
	Bachelors		1. 2.				<input type="checkbox"/> Y <input type="checkbox"/> N
2.	Masters		1. 2.				<input type="checkbox"/> Y <input type="checkbox"/> N
	Min 16 years			Total Years			

Entry Testing Requirements

3.	GAT General Test <input type="checkbox"/> Y <input type="checkbox"/> N	IoBM Test <input type="checkbox"/> Y <input type="checkbox"/> N	Statement of purpose	<input type="checkbox"/> Y <input type="checkbox"/> N
----	--	---	----------------------	---

Suggested Supervisor

4.	Suggested Supervisor(s)	Designation	Organization	Consent?
	1.			<input type="checkbox"/> Y <input type="checkbox"/> N
	2.			<input type="checkbox"/> Y <input type="checkbox"/> N

Letter of Recommendations

5.	Referees	Designation	Organization	Letter?
	1.			<input type="checkbox"/> Y <input type="checkbox"/> N
	2.			<input type="checkbox"/> Y <input type="checkbox"/> N

Employment History (if any)

Sr#	Designation	Organization	From	To
1.				
2.				
3.				

For Office Use Only

Recommended by

Panel Member-I

Panel Member-II

MPhil Coordinator/HoD

Admission's Department

Dean's Secretariat

Approved by

OGS

Rector



1.2

Credit Transfer Form

Date: _____

Student Name: _____ Reg. No _____

Field/Area of Research: _____

Previous Institute: _____ Previous Degree: _____

No. of Courses Passed: _____ Passing Semester: _____

Previous Courses Completed				IoBM Equivalence			Outline Matched (Yes/No)
Course Code	Course Title	Credit Hours	Grade	Course Code	Course Title	Credit Hours	

MS/MPhil Coordinator/HOD

Admissions Office

Dean

OGS

Rector

Distribution:

- Student Registration File
- Program Coordinator
- OGS Office
- Registrar Office



2.1 Course Registration Form

Date:

Student Name:

Reg. No:

College/Department:

Field of Study:

Area of Research:

No. of courses passed:

CGPA:

Semester applied for:

Course Code	Course Title	Credit hours	Approved

MS/MPhil Coordinator/HoD

Dean

OGS/R



2.2 MS/MPhil Students Status & Progress Tracking Form

To be updated every semester to track and document the changes in the scheduled commitments by the student

Personal Details (To be filled by student)

Date: _____	
Student Name: _____	
Reg. No.: _____	
Field of Study: _____	Program: _____
Contact No: (Mobile) _____ Permanent: _____	
Previous Qualification:	
Bachelor: _____	Masters: _____ Years of Qualification: _____
Date of Admission / Semester: _____	
Full / Part Time: _____	Research Group: _____
Supervisor/s:	
Name:	Name.....
Signature.....	Signature.....

MS/MPhil Milestones

Sr #	Milestone	Planned Term	Annex #	Remarks	Review-1	Review-2	Review-3	Review-4	Review-5
1	GAT General Test								
	Bachelors: No of Years								
	Masters: No of Years								
	HEC criteria for admission fulfilled								
	Supervisor								
	Co-Supervisor								
2	Proposal Defense								
3	Submission to BASR for approval								
4	Thesis document completed								
5	Thesis checked against plagiarism								
6	Thesis evaluated by two experts								
7	Open Defense								
8	Approval of the thesis by BASR								
9	Submission of the thesis to OGS								



Courses Registration: Planned vs Actual

	Business Management Course	Planned Term	Actual Term	Fee Paid	Registered	Remarks
1	Advanced Qualitative Research					
2	Advance Quantity Research					
3	Survey of Current Research Literature in Management					
4	Corporate Governance and Strategy					
5	Seminar in Human Resource Management					
6	Advanced Corporate Finance					
7	Advanced Marketing Strategy					
8	Econometrics					
9	Supervised Research					
10	Supervised Research					

	Others MS/MPhil Program Course	Planned Term	Actual Term	Fee Paid	Registered	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9	Supervised Research					
10	Supervised Research					

Student's Signature: _____

Date: _____

Supervisor/s:

Name: _____

Name: _____

Signature: _____

Signature: _____

MS/MPhil/PhD Coordinator/HoD:

Copy to:

Dean,

OGS



2.3

Supervisor Selection Form

Date: _____

Student Name: _____

Reg. No. : _____

Area/ Field of Research:

Research Title:

.....

Supervisor/s :

Name...

Name:

Last Degree and Designation:

Last Degree and Designation:

Address:

Address:

Supervisor signature

Supervisor signature:

Student's Signature:

(Note: Supervisor's C V should be attached with this form)

MS/MPhil Coordinator/HoD

Dean

OGS



2.4

Thesis Registration Form

Date:

Student Name:

Reg. No:

College/Department:

Field of Study:

Area of Research:

No. of courses passed:

CGPA:

Semester applied for:

Course Code	Course Title	Credit hours	Approved

MS/MPhil Coordinator/HoD

Dean

OGS/R



2.5 Supervisor Change Form (if any)

Date:

Student Name:

Reg. No.:

Field of Study: Area of Research:

Research Title:

College and Department:

Last Supervisor's Name: **Last Degree:** **Designation:**

Address: **Signature:**

New Supervisor/s:

Name: **Last Degree:** **Designation:**

Name: **Last Degree:** **Designation:**

New Supervisor's Signature:

Student's Signature

(Note: Supervisor's CV should be attached with this form)

<hr/> MPhil/MS Coordinator/HoD

<hr/> Dean
<hr/> OGS Office

Distribution:

Rector

OGS



3.3 MS/MPhil Thesis Proposal Defense Requisition Form

Date: _____

Student Name: _____ Reg. No.: _____

Field of Study: _____ Area of Research: _____

Research Title: _____

Student's Signature -----

Supervisor/s :

Principle supervisor Name: _____

Co-supervisor Name: _____(if any)

Signature: _____

Signature: _____

MPhil/MS proposal defense will be held on _____ at _____ in _____
Date Time Venue

Proposal Defense Panel Members are:

1. _____
2. _____
3. _____
4. _____

MS/MPhil Coordinator /HoD

Dean

OGS



3.4

BASR Proposal Sample

MS/MPhil Proposal Form for BASR

Date: Program:
Name of Student: Reg No.....
Name of Supervisor/s:
Title of Thesis:

Note: A word count of approximately 2500 with font size of 10 (Times New Roman).

Broad Area of Research

--

Study Objectives

--



The Problem Statement

Research Questions/Hypothesis

Research Methodology? (*Quantitative/Qualitative/Mix*)



MS/MPhil Research Proposal Review Form

S.NO	Experts/Members	Name	Signature
1.	Member -1		
2.	Member -2		
3.	Member -3		
4.	Program Coordinator (Observer)		
5.	Supervisor (Observer)		

- *The Research Thesis Proposal was reviewed through the presentation and found satisfactory.*

S.NO	Experts/Members	Major Comment's /Remarks if any	Signature
1.	Member -1 Name		
2.	Member -2 Name		
3.	Member -3 Name		

Note: This is to certify that the changes suggested by the Doctoral/Review Committee are incorporated.

Signature by:

Supervisor.....

Head of Department:

Dean:



3.5 MS/MPhil Proposal Open Defense Form

Student details:

Name:

Reg. No:

Field of Study:

Area of Research:

Research Title:

Student's Signature:

Supervisor/s Details:

Supervisor 1:

Name:

Signature:

Supervisor : 2 (If any)

Name:

Signature:

MS/MPhil Coordinator/HoD:

Name:

Signature:

To be filled by the Defense Committee Members

Content	Good	Average	poor	Comments
<u>Introduction:</u> <ol style="list-style-type: none"> The student made a clear argument for the need to conduct research on his/her proposed topic. The scope of the student's research study is appropriate for the project. Student addressed the strengths and limitations of existing literature. The objectives of the study clearly stated. 				
<u>Literature review:</u> <ol style="list-style-type: none"> Student provided a concise, well organized, and integrated review of relevant literature. A student identified an area of study that has relevance to the subject area and in which an original contribution can be made. Hypotheses/research questions were appropriate and clearly articulated. 				
<u>Methodology (where applicable):</u> <ol style="list-style-type: none"> The research design is appropriate to address hypotheses/research questions. 				



b. Student demonstrated an understanding of relevant constructs and variables to be utilized in his/her study. c. Sampling <ul style="list-style-type: none"> • Population • Sampling Method • Sample size appropriate d. A student identified and adequate statistical procedures to be used to analyze the data.				
<u>Presentation:</u> a. Student's presentation material is informative b. Student's answer to question reflected knowledge of his/her area of study.				
<u>Academic Writing:</u> a. The proposal meets MS/MPhil level academic writing standards b. Student clearly expressed his/her views when it comes to writing c. The overall quality of the proposal is acceptable.				

Note: This proposal evaluation form will be filled individually by the relevant panelists

Please Tick the appropriate: (√)

- Accept the Research Proposal ☐
- Accept with Minor Changes ☐
- Accept with Major changes ☐
- Research Proposal Rejected ☐

Other Comments if any (Please use additional sheet if required):-----

Panelist/Examiner Name:

Signature:

HoD/MS/MPhil Coordinator:

Signature:

Relevant Dean:

Signature:

OGS/Rep:

Signature:



3.6 MS/MPhil Proposal Defense Approval

Date: _____

Student Name: _____

Registration No: _____

Field of Study: _____ Area of Research: _____

Research Title: -----

Supervisor/s Name:-----

Signature:-----

Committee:

MS Coordinator/HoD: Name: _____

Signature:-----

Dean: Name: _____

Signature:-----

Subject Expert (if any): Name:-----

Designation:-----

Signature:-----

OGS Office /Rep: Name:-----

Designation:-----

Signature:-----

Note: Though it will be an open defense the quorum is at least three members from above

For Official Use

The above mentioned student has successfully defended his/her MPhil proposal and his/her name is recommended to Board of Advanced Studies & Research for approval. _____

Supervisor/s:

Name:

Signature:

Name:

Signature:

MS/PhD Coordinator/HoD:

Approved by the Board of Advanced Studies & Research in its meeting held on.....

Secretary-BASR

Dean

OGS



3.7 MS/MPhil Supervised Research Log

Registration Year

Semester: (Spring/Fall) *please tick (✓)*

Student Name:		Reg. No:	
Area of Research:		Department/Subject:	
Supervisor's Name:			
Date & Duration	Assignment	Progress	Signature of Supervisor

Please tick the appropriate :(✓) *Overall comments*

Satisfactory: ☐

Unsatisfactory: ☐

Supervisor

MPhil/MS Coordinator/HoD

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 OGS-office.



4.1 MS/MPhil Evaluators and Examiner Form for BASR

Name of student: Name of supervisor/s: Title of thesis:	
<u>External Evaluator -1</u> Name: Designation: Highest Degree: University: Area of Specialization: No of Years' Experience: Teaching..... others..... No of Stu Supervised: MS/MPhil..... PhD No of Publications: National International Postal Official Address: Official Email: Contact #: Consent sought: CNIC Number:	<u>External Evaluator -2</u> Name: Designation: Highest Degree: University: Area of Specialization: No of Years' Experience: Teaching..... others..... No of Stu Supervised: MS/MPhil..... PhD No of Publications: National International Postal official Address: Official Email: Contact #: Consent sought: CNIC #:
<u>External Evaluator 3</u> Name: Designation: Highest Degree: University: Area of Specialization: No of Years' Experience: Teaching..... others..... No of Stu Supervised: MS/MPhil..... PhD No of Publications: National International Postal official Address: Official Email: Contact #: Consent sought: CNIC Number:	<u>External Evaluator 4</u> Name: Designation: Highest Degree: University: Area of Specialization: No of Years' Experience: Teaching..... others..... No of Stu Supervised: MS/MPhil..... PhD No of Publications: National International Postal official Address: Official Email: Contact #: Consent sought: CNIC Number:
<u>Defense Examiner 1</u> Name: Designation: Highest Degree: University: Area of Specialization: No of Years' Experience: Teaching..... others..... No of Stu Supervised: MS/MPhil..... PhD No of Publications: National International Postal official Address: Official Email: Contact #: Consent sought: CNIC Number:	<u>Defense Examiner 2:</u> Name: Designation: Highest Degree: University: Area of Specialization: No of Years' Experience: Teaching..... others..... No of Stu Supervised: MS/MPhil..... PhD No of Publications: National International Postal Official Address: Official Email: Contact #: Consent sought: CNIC Number:

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



4.2 MS/MPhil Thesis Evaluation Report Form

Student's Name:

Registration No:

Department:

Faculty: CESD/CBM./CES

Research Title: "

To be filled by the Thesis Evaluator

(please tick (✓) the appropriate)

Observations	Good	Fair	Poor	N/A
A student identified an area of study in which an original contribution can be made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title of the thesis is relevant and appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student made a clear argument for the need to conduct research on his/her topic/Justification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypotheses / Research Questions were appropriate and clearly articulated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The scope of the research study is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theoretical implications of the study are appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The thesis is structured that introduces main and subheadings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting literature was provided for hypotheses/research questions (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A thorough and critical approach to the literature is demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The purpose of the study was clearly stated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The research design is appropriate to address hypotheses/research questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated number of participants /Sample is appropriate for the study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of measures to be used in the study is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collection procedures are appropriate and clearly articulated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A student identified and adequately described statistical procedures used to analyze the data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student adhered to guidelines set forth by the APA/IEEE. APA style in case of management and social sciences and IEEE in case of computer & Engineering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The thesis is well organized, written in a clear, concise, and grammatically correct in all aspects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The conclusion drawn is based on the question raised/hypothesis developed and discussed in results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Full Name of Evaluator:

Designation:

University Address:

Signature:

Cont. to Pg. 2



Name:

Department:

❖ **In the view of the above (Please tick (✓) the appropriate):**

- ☐ The thesis merits the award of the MS/MPhil degree.
- ☐ The thesis merits the award of MS/MPhil degree after minor changes as suggested.
- ☐ The thesis merits the award of MS/MPhil degree after major revision as suggested.

Please Tick (✓) the appropriate, if major changes required:

a) The document is supposed to be sent back for re-evaluation after incorporating the major changes suggested. ☐

b) Subject expert is authorized to review the changes incorporated. ☐

- ☐ The thesis does not merit the award of MS/MPhil degree and is rejected.

❖ **Overall Comments in General:**

A. **Major Strengths** (Please specify)

.....
....
.....
.....
.....

B. **Major Weakness** (Please Specify)

.....
.....
.....
.....
.....

❖ **General Comments: (Please highlight the comments if any in the light on remarks on the previous page like Fair/Poor etc.**

Please use additional sheet if required

.....
.....
.....
.....
.....
.....
.....

Full Name of Evaluator:

Designation:

University Address:

Signature:



4.3 MS/MPhil Thesis Defense Requisition Form

Student Name: _____	
Reg. No.: _____	Program: _____
Field of Study: _____	Area of Research: _____
Research Title: _____	
Supervisor/s:	
Name: _____	Name: _____
Signature: _____	Signature: _____
Program Starting semester and Year: _____	Suggested Date for Defense: _____
Suggested Venue for Defense: _____	
Similarity Index Checked which less than 19 % ...Y N	

As approved by the BASR Examiners

1. _____

Internal Defense Committee Members:

1. MS/MPhil Program Coordinator /HoD
2. Relevant Dean
3. External Examiner
4. OGS/Rep

Supervisor/s

MS/MPhil Coordinator/HoD

Relevant Dean

OGS



4.4 MS/MPhil Thesis Open Defense Form

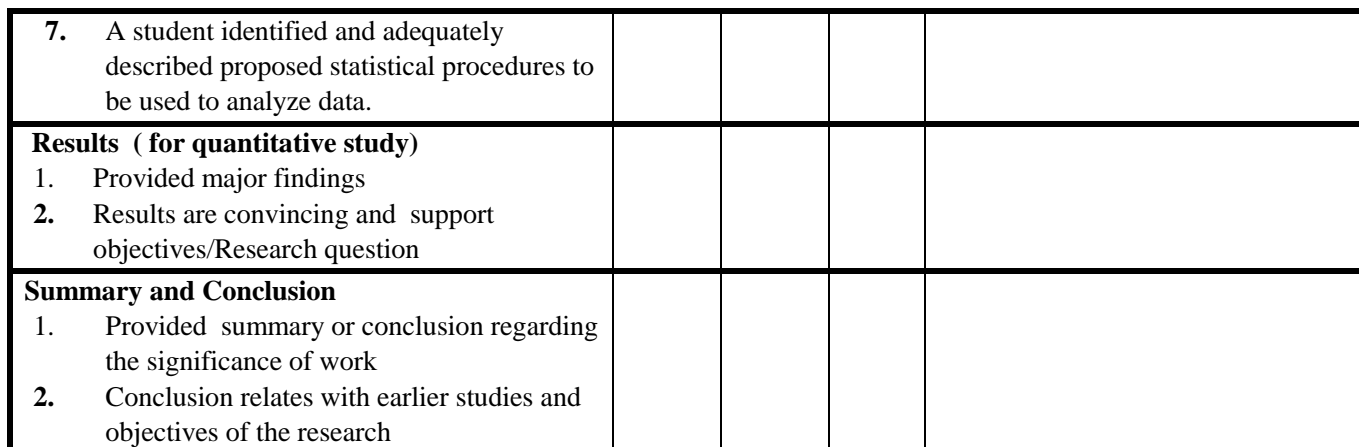
Student Name: Reg. No.....
 Field of Study: Area of Research:
 Research Title:

Supervisor/s:
 Name:
 Signature:

Note: This part is supposed to be filled by the relevant Head/Phd program/PhD coordinator or relevant Academic office.

To be filled by Examiner and Defense Committee Members

Content	Good	Fair	Poor	Comments
The abstract 1. It is self-contained and unambiguous, contained a statement of the problem, explanation of approach and principal results.				
Introduction: 1. The student made a clear argument for the need to conduct research on his/her proposed topic. 2. The scope of the student's research study is appropriate for the project. 3. Student addressed the strengths and limitations of existing literature. 4. The purpose of the study was clearly stated.				
Literature review 1. A student identified an area of study that has relevance to the subject area and in which an original contribution can be made. 2. A 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/research questions				
Methodology (where applicable) 1. The research design is appropriate to address hypotheses/research questions. 2. Student demonstrated an understanding of relevant constructs and variables to be utilized in his/her study. 3. Analysis to estimate sample size. 4. Estimated number of participants is appropriate for the study. 5. Description of measures to be used in the study is provided. 6. Relevant forms of reliability and validity studies are provided.				



☐ The thesis merits the award of the MS/MPhil degree.

☐ The thesis merits the award of MS/MPhil degree after minor changes as suggested.

☐ The thesis merits the award of MS/MPhil degree after major revision as suggested.

a. The document is supposed to be sent back for re-evaluation after incorporating the major changes suggested. ☒

b. Subject expert is authorized to review the changes incorporated. ☐

1. Overall Comments in General:

B. **Major Weakness** (Please Specify)

[illegible]



Full Name of Evaluator:

Designation:

University Address:

Signature:

Names and Signatures:

Supervisor/s

MS/MPhil Coordinator/HoD

Dean

OGS



4.5 MS/MPhil Thesis Defense Certificate

Student Name: _____ Reg. No: _____
Field of Study: _____ Area of Research: _____
Research Title: _____
Supervisor/s:
Name: _____ Name: _____

The above-mentioned student has successfully defended his/her MPhil/MS thesis in an open defense and his/her name is recommended to the Board of Advanced Studies & Research for approval.

Supervisor/s **MS/MPhil Coordinator/HoD** **Dean** **OGS**

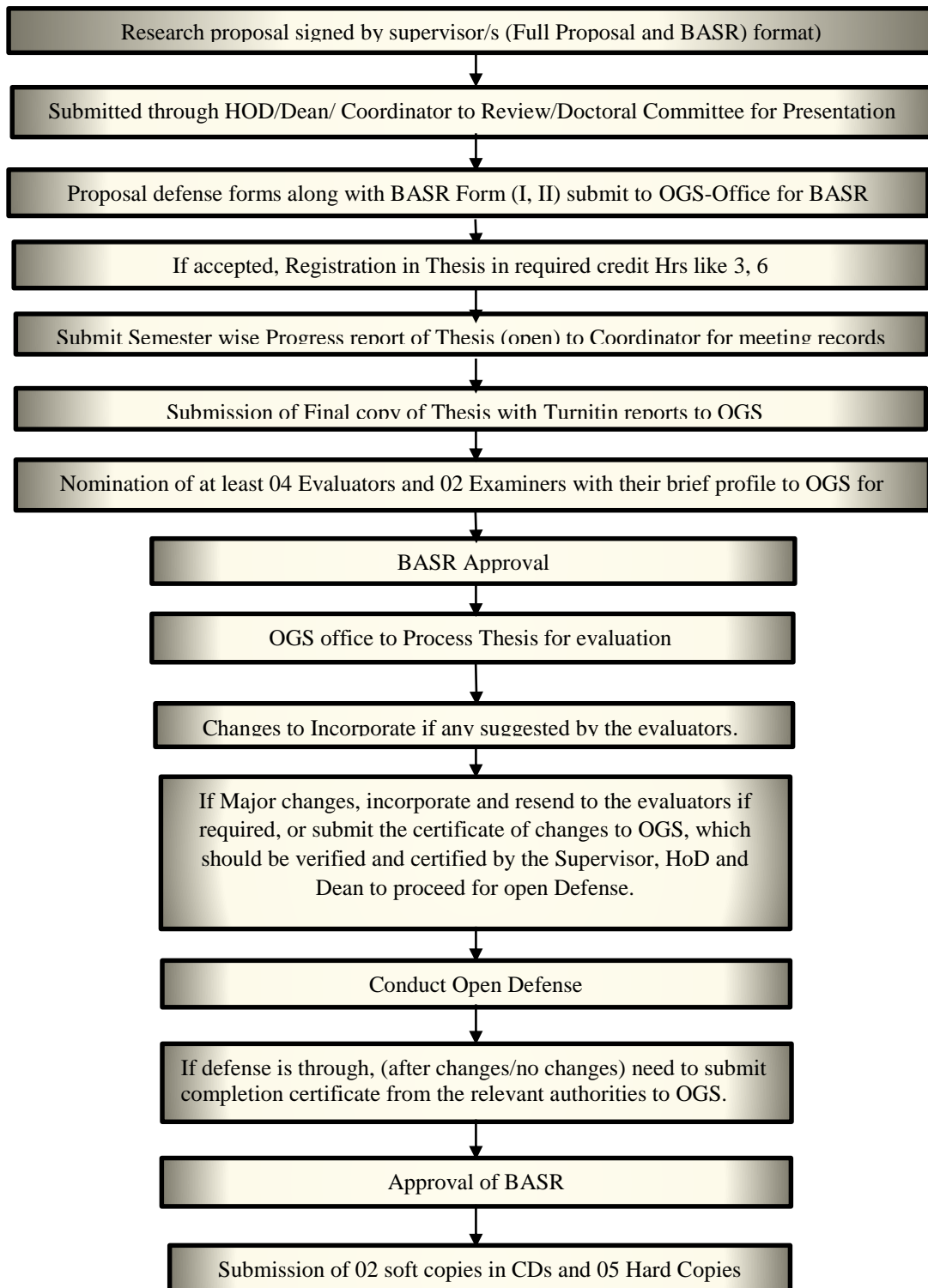
Approved by the Board of Advanced Studies & Research in its meeting held on _____

Student Name: _____ Reg. No: _____
Field of Study: _____ Area of Research: _____
Research Title: _____

Secretary BASR **Dean** **OGS** **Rector**

4.6

MS/MPhil Thesis Process Protocol





4.7 Checklist as per HEC Requirements for MS/MPhil

Students Name: _____ Student ID: _____

Department/College: _____ Degree in area: _____

Please Tick (✓) the appropriate:

Eligibility Criteria for MS/MPhil Degree:		
1.	16 Years of Relevant Education	
2.	Minimum 2.5 CGPA in the last degree under semester system or minimum 50% marks in overall Academic career (if under annual system), 5C' in O-Level and 2C's in A-Level exam excluding General paper and Urdu or equivalent.	
3.	Success in aptitude test and interview conducted by IoBM Admission committee.	
4.	Minimum 50% cumulative score in GAT general and 60% IoBM test as required by HEC	
5.	All relevant documents submitted	

Program Completion Requirement:		
1.	8 Courses completed and passed as per IoBM/HEC Policy (24 credit hours)	
2.	Pass MS/MPhil proposal/Synopsis Defense	
3.	BASR approval for MS/MPhil Proposal	
4.	Completion of MS/MPhil Thesis (6 credit hours)	
5.	Similarity/Plagiarism of Thesis checked through Turnitin software and found less than 19%	
6.	Two externals evaluated thesis (After the approval of BASR)	
7.	Changes if any incorporated	
8.	Selection of defense examiner by BASR	
9.	Open defense of Thesis	
10.	Finalization of Thesis in the light of Examiners comments if any	
11.	Completion of IoBM/HEC requirement (if any other than above)	
12.	Completion of Students file.	
13.	Finalization of Thesis as per IoBM format and BASR approval.	
14.	Submission of 02 Thesis copies in CD and Hard copies.	
15.	Thesis completion certificate by the Supervisor, Program Coordinator, Dean and OGS.	
16.	Award of Certificate/Degree	

Signed and stamped by:

Supervisor/s

MPhil/PhD Coordinator/HoD

Dean

OGS



OGS

Office of Graduate Studies



INSTITUTE OF BUSINESS MANAGEMENT (IOBM)

Korangi Creek, Karachi-75190, Pakistan

UAN: (+92-21) 111-002-004 Ext: 720/729

<https://ogs.iobm.edu.pk/>