



Sardar Bahadur Khan Women's University

Quetta – Pakistan
Graduate Studies Office

SAY NO TO CORRUPTION

Ref.: \_\_\_\_\_

Date: \_\_\_\_\_

CERTIFICATE OF SUPERVISION (MS/M. Phil./Ph.D.)

Name of Scholar (Block letters) \_\_\_\_\_

Father Name of Scholar (Block letters) \_\_\_\_\_

Registration No: \_\_\_\_\_ Session: \_\_\_\_\_

Scholar Cell No or Email: \_\_\_\_\_

Department / Institute/ Center: \_\_\_\_\_

Program enrolled: [ ] MS/M. Phil. [ ] Ph.D.

Supervisor Name (Block Letters): \_\_\_\_\_

Designation & Address: \_\_\_\_\_

Supervisor Cell No & Email: \_\_\_\_\_

Co-Supervisor (if any): \_\_\_\_\_ Designation: \_\_\_\_\_

Co- Supervisor Cell No & Email: \_\_\_\_\_

Proposed Research Title: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

Remarks of Supervisor:

Remarks of Co-Supervisor:

[Signature box]

Signature of Supervisor

[Signature box]

Signature of Supervisor

Remarks of Head of Department:

Remarks of Dean Faculty:

[Signature box]

Signature of HoD

[Signature box]

Signature of Dean Faculty

Note: Incomplete form will not be entertained, moreover the signature must be with date and official stamp.