

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

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

**SUPERVISOR SELECTION FORM OF M.S./ M. Phil./Ph. D. SCHOLAR**

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

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

Department: \_\_\_\_\_ Registration Date: \_\_\_\_\_

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

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

Name of Preferred Supervisor (Block Letters): 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Field of Interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Departmental Research Committee Comments:**

Accept

Reject

**Member-1**

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

**Member-3**

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

**Member-5**

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

**Member-2**

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

**Member-4**

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

**Member-6**

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

**Comments and Signature of Chairman/Head of Department:**

Signature of Head of Department/  
Official Stamp and Date