



ALHAMD ISLAMIC UNIVERSITY

Alhamd Research Centre (ARC)

www.aiu.edu.pk | www.alhamd.pk

SUPERVISOR ALLOCATION FORM

Department: _____

Program: _____ Semester: _____

Area of FYP Research Project: _____

Registration No	Student Name	CGPA	Contact #	Email & Signature

Attachments: 1: Results of all previous semesters. 2: A 2-pages (1000 words) project proposal.

Supervisor Name: _____

Co-Supervisor Name: _____

Designation: _____

Designation: _____

Department: _____

Department: _____

Institute/University: _____

Institute/University: _____

I agree to supervise the above-named student(s) in the suggested research project area.

Signature: _____

Signature: _____

Date: _____

Date: _____

DRC Focal Person Signature: _____

Date: _____

HOD/PC Signature: _____

Date: _____

Faculty Dean Signature: _____

Date: _____

Examination Department Remarks: _____

Signature: _____

Date: _____

ARC Remarks: _____

Deputy Director/Director Signature: _____ **Date:** _____