



ALHAMD ISLAMIC UNIVERSITY

Alhamd Research Centre (ARC)

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

SUPERVISOR ALLOCATION FORM

Registration No. _____ Student Name: _____

Program: _____ Semester: _____

Department: _____

Email: _____ Mobile No. _____

Course Work Credit Hours Completed: _____ CGPA: _____

Area of Research: _____

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

Date: _____

Student Signature: _____

Supervisor Name: _____

Co-Supervisor Name: _____

Designation: _____

Designation: _____

Department: _____

Department: _____

Institute/University: _____

Institute/University: _____

I agree to supervise the above-named student in the suggested research area.

Signature: _____

Signature: _____

Date: _____

Date: _____

HOD/PC Signature: _____

Date: _____

Faculty Dean Signature: _____

Date: _____

Examination Department Remarks: _____

Signature: _____

Date: _____

ORIC/ARC Remarks: _____ (Recommended / Not Recommended)

BASR Meeting Details: _____

Remarks by BASR: _____ (Approved / Not Approved)

Deputy Director/Director Signature: _____ Date: _____