



ALHAMD ISLAMIC UNIVERSITY

Office of Research, Innovation and Commercialization (ORIC)

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SUPERVISOR ALLOCATION FORM

Registration No. _____ Student Name: _____

Program: _____ Semester: _____

Department: _____

Email: _____ Mobile No. _____

Course Work Credit Hours Completed: _____ CGPA: _____

Area of Research: _____

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: _____ **CGPA:** _____

Signature: _____ Date: _____

DRC Meeting Details: Meeting Month _____ Date: _____

DRC Remarks: _____ (Recommended / Not Recommended)

DRC Focal Person Signature: _____ Date: _____

BASR Meeting Details: Meeting No. _____ Date: _____

Remarks: _____ (Approved / Not Approved)

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