



ALHAMD ISLAMIC UNIVERSITY

Office of Research, Innovation and Commercialization (ORIC)

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

To,

The Treasurer/Finance Manager,
Alhamd Islamic University.

REQUEST FOR SUPERVISOR PAYMENT

Supervisor Name: _____

Department: _____

| S# | Registration # | Scholar Name | Semester | Research Title |
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Per-Student Per-Semester Rs. 18,000 X _____ = _____
No. of Students Total Amount

Kindly release the Rs. _____ (PKR) amount for supervisor.

Head of Department/Program Coordinator

Coordinator Graduate Studies

Dean/Director Academics

Director/Deputy Director ORIC

Date: _____

Date: _____