

**DEPARTMENT OF PHYSICS, SSC,
UMT, LAHORE.**
MS THESIS SUPERVISOR ALLOCATION FORM



Student Name: _____

- Contact No.: _____
- Email (other than UMT): _____
- Address: _____

Program: MS Physics

- ID: _____
- Number of Courses Passed: _____
- CGPA: _____
- NTS GAT General Passed: YES / NO

Plan to complete the degree with

- **Course work**
- **Research Work**

Supervisor Names (In case of research work only):

In the order of priority

1. _____
2. _____
3. _____
4. _____

Signature: _____

Date: _____

Note:

- Research supervisor would be allocated in 3rd Semester onwards.
- Students with minimum CGPA 3.00 and having 6 courses completed are eligible for the allocation of research.
- The final decision regarding approval of research supervisor will be made by the Departmental Graduate Committee (DGC).

Attach a copy of the following documents:

- BS and MS Transcript
- NTS GAT General Result
- CNIC