

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



Student Name: _____

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

Program: PhD Physics

- ID: _____
- Courses Completed: _____
- CGPA: _____
- NTS GAT Subject Marks: _____
- Comprehensive Exam Passed: Yes/No _____

Proposed Supervisor Name: _____

Affiliation: _____

Designation: _____

HEC Approved: Yes/No _____

Proposed Co-supervisor Name: _____

Affiliation: _____

Designation: _____

HEC Approved: Yes/No _____

Signature: _____

Date: _____

Note:

- The final decision regarding approval of research supervisor will be made by the Departmental Graduate Committee (DGC) and subsequently by BASAR.
- Attach a copy of the following documents: CNIC BS, MS and PhD Transcripts , NTS GAT Subject Result .