



UNIVERSITY OF BALOCHISTAN, QUETTA
DEPARTMENT/INSTITUTE/CENTER _____

SUPERVISORY COMMITTEE SELECTION FORM {PhD}

Mr / Ms. _____ S/D/O _____

Department/Institute/Center _____ Session: Spring/Fall: _____

Registration Number: _____ Date: _____

PROPOSED RESEARCH AREA:

Topic: _____

Candidate Signature: _____ Date: _____

DETAILS OF ALLOCATED SUPERVISOR:

Name: _____ Designation: _____ Department: _____

PROPOSED SUPERVISORY COMMITTEE:

Co-Supervisor: _____ **Subject Expert:** _____

(Name): _____ (Name): _____

(Designation/University): _____ (Designation/University): _____

Subject Expert-2 {If required}: _____

(Name): _____

(Designation/University): _____

DEPARTMENTAL ADMISSION COMMITTEE {DAC} (PhD Rules 2023 Rule 6)

Approved Supervisor Committee

Modification Recommended

Not Approved

“DAC” {PhD Rules 2023 Rule 6}

Chairperson: _____

(Name) _____

Member 3: _____

(Name) _____

Member 1: _____

(Name) _____

Coordinator: _____

(Name) _____

Member 2: _____

(Name) _____

Dean Faculty: _____

(Name) _____