|  |
| --- |
| **Supervisor Selection Form** (To be submitted to Coordinator MS/PhD Programs)  |
|  |  |  |  |  |  | Date: / / 2017 |
| **Name of Candidate** |  |  |
| **Father’s Name** |  |  |
| **Names of preferred Supervisors**  | 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |  |
| 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| **Registration No.** |  | **Registration Date** |  |
| **Session** |  |  | **Degree/Program Registered** |  |
| **Topic of Synopsis****(1)** |  |
| **Summary** |  |
| Supervisor’s Signature |
| **Topic of Synopsis****(2)** |  |
| **Summary** |  |
| Supervisor’s Signature |
| **Topic of Synopsis****(3)** |  |
| **Summary** |  |
| Supervisor’s Signature |
|  |  | Candidate’s Signature & Date: |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Departmental Admission Committee Comments:** | Accept  |  | Reject |  |  |
|  |

**Coordinator Chairman/HoD**