



ZIAUDDIN UNIVERSITY

SUPERVISOR SELECTION FORM (MS/M.Phil./PhD)

Name of Research Scholar: _____ Enrollment No.: _____

Degree Program: _____ Faculty: _____

Current Semester: _____ Date: _____

Tentative Research Topic /Area:

Name of Supervisor: _____ Signature: _____

Designation: _____

Institution/Organization: _____

Contact No. _____ Email Address: _____

Name of Co-Supervisor (if any): _____ Signature: _____

Designation: _____

Institution/Organization: _____

Contact No. _____ Email Address: _____

Student's Signature

Approval:

Director, Postgraduate

Dean