



ZIAUDDIN UNIVERSITY

FORMATION OF GUIDANCE & EXAMINATION COMMITTEE (GEC)

Student's Name: _____ Enrollment No: _____

Program: _____ Faculty: _____

Area of Research: _____

GUIDANCE & EXAMINATION COMMITTEE MEMBERS

Research Supervisor

Name: _____ Email: _____

Dept.: _____ Signature _____

Co-Supervisor (if appointed)

Name: _____ Email: _____

Dept./Organization: _____ Signature _____

Committee Members

1. Name: _____ Email: _____

Dept.: _____ Signature _____

2. Name: _____ Email: _____

Dept.: _____ Signature _____

3. Name: _____ Email: _____

Organization (External): _____ Signature _____

Date of formation of GEC: _____

Dated: _____

Student's Signature: _____

APPROVED

Dated: _____

Director, Postgraduate Studies: _____

Dated: _____

Dean: _____

***Maximum no. of GEC members shall be 3 including Supervisor and Co-Supervisor for MS/Phil**

Maximum no. of GEC members shall be 4 including Supervisor and Co-Supervisor for PhD