



NATIONAL COLLEGE OF BUSINESS ADMINISTRATION & ECONOMICS, LAHORE

Sub-Campus, Multan

To

The Deputy Director, R&D

Request for Research/Project Supervisor Allocation

Personal Information

NAME: _____

REGISTRATION NO: _____ SESSION: _____ DEPARTMENT: _____

POST ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL (capital letters): _____

Academic/Exam Clearance

PROGRAM OF STUDY: _____

SEMESTER: _____ NO: OF COURSES QUALIFIED: _____

COMPEHENSIVE EXAM: _____ CGPA: _____

DEPUTY CINTROLLER EXAM Sign: _____

Account Department Clearance (TO DATE): _____

Research Type: **Project:** ☐ **Thesis:** ☐

AREA OF SPECIALIZATION: _____

PROPOSED PROJECT TOPIC: _____

NAME OF SUPERVISOR: _____

CELL: _____ EMAIL: _____

Research Start Date: _____ Expected Research Completion Date: _____

Scholar's Signature

Supervisor's Signature

Head of Department's Signature

IMPORTANT NOTE

- **One Supervisor can supervise maximum eight Scholar a time.**
- **Supervisor will provide guidance to his/her Scholar on campus in general and to women in particular.**
- **Scholar will appear I synopsis/thesis defense along with his/her supervisor.**

**Deputy Director
Research & Development (R&D)**

**Secretary/ Deputy Secretary
BASR**