

DIRECTORATE OF ADVANCED STUDIES
GC WOMEN UNIVERSITY FAISALABAD

PAS Form



PERMISSION FORM FOR SUPERVISOR I/II
(FROM OTHER INSTITUTIONS)

(For BS/MA/MSc/MPhil/PhD Research Work Students)

Student Name: _____ Father Name: _____

Registration No: _____ Roll No: _____

Degree Programme: _____ Session: _____

Department: _____ Faculty: _____

Name of Supervisor I: _____ Signature: _____

Title of the Research: _____

Name of Supervisor II: _____ Designation: _____

Address/ Institution of Supervisor II: _____

Contact: _____ Email: _____

Signature of Student:
.....

For Official Use Only:

1. Verified By: Chairperson of the Department : _____

2. Forwarded by: Coordinator of the Faculty: _____

3. Forwarded By: Director Advanced Studies: _____

4. Approved By: Vice Chancellor: _____