

National University of Sciences and Technology **RECOMMENDATIONS FOR ADMISSION TO THE PhD PROGRAM** (To be filled by Institution)

	TICULARS OF THE		
a. Name	D.O.B	Father's Na	ame
b. Institution:	Dept_		
b. NIC No	Permanent Address		
c. Mailing Address			
d. Email	Cell.No		
e. Bachelors in	From	Year	CGPA/ % age
f. Masters (Msc) in	From	Year	CGPA/ % age
(16 Years Education) g. MS/MPhil in	From	Year	CGPA/ %age
(18 Years Education)			
h. NUST PhD admission test_			
(Attach an attested copy of the	• /		
Part-II SU	PERVISOR'S REC	<u>COMMENDATIC</u>	<u>DNS</u>
a. Proposed area of research	with brief details (u	se additional shee	et if required):
b. Academic deficiencies/Protection of the student, Institution or additional sheet if required	e-requisites/special Main Office, NUS d):	conditions if any T before finally	required to be fulfilled by admitting the student (use
c. Expected time period (in y	years and months) for	or completion of r	research/PhD program:
d. Area of specialization of t (use additional sheet if rec	he supervisor and it	s relevance to the	proposed research interest
e. No of PhD students alread	ly registered with th	e Supervisor: -	
(1) MoST/HEC Sponsore	d Students	:	
(2) NUST Sponsored Stud		:	
	ame of scheme with		
(3) Any Other Sponsoring (please state	g Agency's Students name of sponsor wi		
(4) Any Other Students		:	
Supervisor's Name: Email :		ition:	Sig
Co Supervisor Name (If any):	I	nstitution:	Sig
RECOMM	ENDATIONS OF	THE INSTITUT	TION
(Give reasons if the applicant is n	not accepted for the Pl	nD program, use ad	lditional sheet if required)
ad of the Demontry and		D.	on/Commondont/Dringing

Head of the Department Dated: _

Dean/Commandant/Principal Dated: ____

Distribution:

- 1 x Original copy each to Director PGP, Exam Branch at Main Office, NUST and student dossier at school/college. •
- 1 x photocopy to supervisor, student and sponsoring agency