Date: \_\_\_\_\_\_\_\_\_\_\_

To,

**The Director**

Postgraduate Studies

BBSUTSD Khairpur Mirs

***Through Chairperson***

Subject: **Request for conduct of Initial Seminar of MS in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Respected Sir,

It is stated that I have completed the requisite formalities of above-mentioned seminar, therefore kindly process my application for the conduct of the initial seminar.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s / SpouseName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Discipline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Preferably used on WhatsApp Number)

GPA in 1st Semester \_\_\_\_\_\_\_\_\_\_\_, GPA in 2nd Semester \_\_\_\_\_\_\_\_

Proposed Research Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach ATTESTED photocopies of following documents.**

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| --- | --- | --- |
| 1. Research Proposal   (As per format) | 1. Mark Sheets 1st semesters of MS Program | 1. Copy of Enrollment Card |
| 1. CVs of Student, Supervisor and Co-supervisor (Updated) | 1. Five (05) sets of presentation (two slides on a page) | |
| 1. Concerned copy of Challan of Rs. \_\_\_\_Challan/Receipt No. \_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_ Bank: \_\_\_\_\_\_\_\_\_ | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Signature of Supervisor Signature of Co-Supervisor

**FOLLOWING IS THE PROPOSED PANEL OF EXAMINERS**

(The proposed examiners should be from related field of research, and be recommended by Supervisor)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Internal Examiners** | **Sr. No.** | **External Examiners** |
| **1.** | Name:  Designation:  Department:  University/Institute: | **1.** | Name:  Designation:  Department:  University/Institute: |
| **2.** | Name:  Designation:  Department:  University/Institute: | **2.** | Name:  Designation:  Department:  University/Institute: |
| **3.** | Name:  Designation:  Department:  University/Institute: | **3.** | Name:  Designation:  Department:  University/Institute: |

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Signature of Director (PGS) Signature of Dean, FoET

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VICE CHANCELLOR