

Dated: ____/____/____

The Director,
Postgraduate Studies & Research
QUEST Nawabshah

SUBJECT: REQUEST FOR INITIAL SEMINAR

Respected Sir,

I, _____ S/D/o _____,
student of ME/MS (Evening Programme) in discipline _____
Department of _____, submit the research
proposal for fulfillment as requirement for award of ME/MS degree. My roll No. is _____.

I have completed the course work of 03 terms (totaling 24 Credit Hours) and secured overall _____%
of marks. The copies of the marks certificates (03) are enclosed. It is requested to kindly allow me to
deliver Initial Seminar. The existing supervision details of the supervisor & co-supervisor are placed at
ANNEXURE-I & II respectively.

Signature of student

Remarks of supervisor(s)

Proposed names of Experts

Internal Experts

01. _____

02. _____

03. _____

External Experts

01. _____

02. _____

03. _____

Name & Signature of Supervisor

Name & Signature of Co-supervisor

Director (PGS)

Dean, Faculty of _____

VICE CHANCELLOR

The details of current ME/MS & PhD students being supervised by the undersigned

PhD Supervision/Co-Supervision

Sr. #	Name of Student(s)	Roll No.	Supervision	Co-Supervision
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

ME/MS Supervision/Co-Supervision

Sr. #	Name of Student(s)	Roll No.	Supervision	Co-Supervision
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

As per HEC revised policy vide letter No. DD-QA/HEC/NQAC/2015/125 dated: 27.02.2015 and AS&RB resolution No. AS&RB 25.7, a supervisor can supervise a total of twelve (12) ME/MS & PhD students at a time with no more than eight (08) [i.e. as supervisor 05 & co-supervisor 03] of these students being PhD students.

Name & Signature of
Supervisor

Name & Signature of
Chairman of the concerned Deptt:

The details of current ME/MS & PhD students being supervised by the undersigned

PhD Supervision/Co-Supervision

Sr. #	Name of Student(s)	Roll No.	Supervision	Co-Supervision
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

ME/MS Supervision/Co-Supervision

Sr. #	Name of Student(s)	Roll No.	Supervision	Co-Supervision
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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Name & Signature of
Co-Supervisor (If any)

Name & Signature of
Chairman of the concerned Deptt: