



Annex A

Form PhD-1 DOCTORAL PROGRAM OF STUDY (Must be type written)

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

Part-I: PARTICULARS OF THE CANDIDATE/STUDENT

- a. Name: _____ Father's Name: _____
- b. Institution: _____ Dept: _____
- c. CNIC No: _____ Permanent Address: _____
- d. Mailing Address: _____
- e. Email: _____ Cell No: _____
- f. Bachelors in _____ From _____ Year: _____ CGPA/ % age: _____
- g. Masters (Msc) in _____ From _____ Year: _____ CGPA/ % age: _____
(16 Years Education)
- h. MS/MPhil in _____ From _____ Year: _____ CGPA/ %age: _____
(18 Years Education)
- i. International GRE General/NTS GAT (General HEC HAT/ G-NET _____
(Attach an attested copy of the Score Report)

Part-II SUPERVISOR'S RECOMMENDATIONS

- a. Title of research proposal: _____

- b. Proposed area of research with brief details (use additional sheet if required): _____

- c. emic deficiencies/Pre-requisites/special conditions if any required to be fulfilled by the student, Institution or Main Office, NUST before finally admitting the student (use additional sheet if required):
- d. Expected time period (in years and months) for completion of research/PhD program: _____

- e. Area of specialization of the supervisor and its relevance to the proposed research interest (use additional sheet if required): _____
- f. No of PhD students already registered with the Supervisor: -
 - i. MoST/HEC Sponsored Students : _____
 - ii. NUST Sponsored Students : _____
(please state name of scheme with each)
 - iii. Any Other Sponsoring Agency's Students : _____
(please state name of sponsor with each)
 - iv. Any Other Students : _____

Supervisor's Name: _____ Institution: _____ Sign: _____
Email : _____

Co Supervisor Name (If any): _____ Institution: _____ Sign: _____

RECOMMENDATIONS OF THE INSTITUTION

(Give reasons if the applicant is not accepted for the PhD program, use additional sheet if required)

Head of the Department

Dated: _____

Dean/Commandant/Principal

Dated: _____

Distribution:

1 x original copy each to DASR, Examination Dte at Main Office, NUST and student dossier at school/college.
1 x photocopy to supervisor, student and sponsoring agency