**Form PhD-2A**

**DOCTORAL PROGRAMME**

**OF STUDY**

**(Must be type written)**

National University of Sciences and Technology

**ADMISSION TO THE PhD PROGRAMME**

**(To be filled by ACAD Dte, Main Office)**

Following student is admitted to the PhD Programme of NUST in the Discipline of: -

\_\_\_\_\_\_\_\_\_\_\_\_  at \_\_\_\_\_\_\_\_\_ \_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CMS ID:  \_\_\_\_\_\_\_\_\_\_ Campus ID \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Proposed Area of Research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Co-Supervisor (if appointed):

Sponsoring Agency (if any):

Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

AD / DD PhD

Dated: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Director (Acad)

**Distribution**:

* 4 x copies retained at Main Office NUST (1 each with Acad Dte, Fin Dte, Admin Dte and Exam Branch).
* 1 x copy of this form shall be maintained in the student’s dossier at the Constituent College/School/Centre.
* 1 x copy each to Supervisor, Co-Supervisor (if appointed).
* 1 x copy sent to sponsoring organization (if any).
* 1 x copy of this form will be retained by the student.