

Faculty of Pharmacy, the University of Lahore-Lahore

SUPERVISOR'S CONSENT FORM

(M.Phil./PhD research students)

Student name: ----- Father's name: -----

UOL Registration no. : ----- CNIC: -----

Pharmacy council registration no: -----

Address: -----

Contact number: ----- email: -----

Institution of last degree: -----

Current Program (Please tick): M.Phil / PhD Subject: -----

CGPA/percentage in Pharm-D /M.Phil / PhD: -----

Start date: ----- Ending date: -----

Student's Signature: ----- Date: -----

Supervisor's details and remarks:

| Names | Designation | Terminal degree MS/M.Phil/PhD | Year of completion of degree | Subject | University |
|-----------------|-------------|----------------------------------|------------------------------------|---------|------------|
| (Supervisor) | | | | | |
| (Co-supervisor) | | | | | |

I am willing to take Mr / Ms / Mrs ----- of M.Phil/PhD under my supervision for the completion his/her research work at the University of Lahore.

Approval:

Signature & date: -----

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