

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: -----

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 of current degree: ----- Tentative Date of Completion: -----

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: -----

Dr. Javed Iqbal

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Dr. Mahtab Ahmad Khan

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