



**NATIONAL CENTRE OF EXCELLENCE IN GEOLOGY
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SUPERVISOR SELECTION FORM

Name of Research Scholar: _____

Discipline (✓): Geology/Geophysics/Environmental Geosciences/Geospatial Sciences

Specialization (in case of Geology): _____

Program in which admitted (✓): MS / MPHIL / PHD Session: _____

Research Topic (Tentative): _____

Contact No(s): _____ Email Address: _____

Name of Supervisor: _____ Designation: _____

Contact No(s): _____ Email Address: _____

Institution/Organization: _____ Signature: _____

Name of Co-Supervisor: _____ Designation: _____

Contact No(s): _____ Email Address: _____

Institution/Organization: _____ Signature: _____

Signature of Student

Dated

Approved by:

Assistant Graduate Studies Adviser

Graduate Students Adviser

Director