



**NATIONAL CENTRE OF EXCELLENCE IN GEOLOGY
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MS/M.Phil./Ph.D.

SUPERVISOR SELECTION FORM

Name of Research Scholar: _____

Degree Program: _____

Program in which admitted: **MS/M.PHIL/Ph.D.** Session: _____

Research Topic Tentative/Final _____

Name of Supervisor: _____ Signature: _____

Designation: _____

Institution/Organization _____

Contact No. _____ Email Address: _____

Name of Co-Supervisor: _____ Signature: _____

Designation: _____

Institution/Organization _____

Contact No. _____ Email Address: _____

Dated: _____

Signature of Student

Assistant Graduate Students Adviser

Graduate Students Adviser

Director Approval: _____