



**Department of Management Sciences  
Shaheed Benazir Bhutto University  
Sheringal, Dir Upper**

Ref# \_\_\_\_\_

Date: \_\_\_\_\_

**Graduate Study Committee Proposal Assessment Form**

Student/Scholar Name: \_\_\_\_\_ Registration # \_\_\_\_\_

Program: \_\_\_\_\_ Batch #: \_\_\_\_\_ Semester: \_\_\_\_\_

Research Title: \_\_\_\_\_  
\_\_\_\_\_

Supervisor Name/Signature: \_\_\_\_\_

Designation/organization: \_\_\_\_\_

Co-Supervisor Name/Signature: \_\_\_\_\_

Designation/Organization: \_\_\_\_\_

**Internal Departmental Supervisory Committee Remarks**

S#	Member of research Supervisory Committee	Proposal should be forwarded to GSC and ASRB (Yes/No)	Remarks	Signature

**Program Coordinator:**  
Mr. Sardar Ali  
Lecturer

**HoD:**  
Dr. Muhammad Wajid Raza  
Assistant Professor