|  |  |  |
| --- | --- | --- |
| C:\Users\ORIC\Downloads\logo 1 (2).jpg | **RESEARCH PROPOSAL UNDER PARTIAL RESEARCH SUPPORT TO POSTGRADUATE STUDENTS AT UAF**  Phone: 041-9200183,9200997, 9200161-170, Ext. 3601, 3603,  Email:  [oric@uaf.edu.p](mailto:oric@uaf.edu.pk)k | **C:\Users\ORIC\Downloads\logo 2 (1).jpg** |

**PROJECT PROPOSAL**

1. **Project Title: \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please attach approved copy of Synopsis)**

1. **Postgraduate Student Detail:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Enrolment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Semesters Completed:\_\_\_\_\_\_\_\_

Department/Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CGPA: \_\_\_\_\_\_\_\_\_

Research Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Supervisor**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of on-going Res. Projects as PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of completed Res. Projects as PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of current HEC awardee PhD students\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Postgraduate students being supervised: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MS/M.Sc.(Hons.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PhD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funds arrangement for research:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Total Funds (Requested)** *(Rs.):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Project Format:**

|  |  |
| --- | --- |
| 1. Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E. Methodology/Milestone Matrix \_\_\_\_\_\_\_\_ |
| 1. Need for the project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | F. Relevance to the society\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Objectives\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | G. Expected Outcome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Budget detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | H. Impact of Research \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**6. Budget:**

|  |  |  |
| --- | --- | --- |
| **Sr.#** | **Object** | **Total (Rs.)** |
| 1. | Consumables (Attach list) |  |

**7. Certification:**

It is certified that the proposed work is part of the thesis studies and will be executed as per agreement with ORIC under the framework of the university.

|  |  |
| --- | --- |
| **Postgraduate Student** | **Supervisor** |
| **Signature** | **Seal and Signature** |
|  |  |

**8. Endorsed/Forwarded by:**

1. Chairman of the Department/Director, Institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sign & Stamp)

1. Dean, Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sign & Stamp)