

HAJVERY UNIVERSITY

Synopsis: for the degree of M. Phil/PhD

PART-1 (to be completed by the student)

Name of Student															
Father Name															
National ID Card No.						-								-	
Contact No.															
E-Mail															
Department															
Registration No.							Date of Thesis Registration								
Name of Research Supervisor															
Members of Supervisory Committee															
1															
2															
3															
4															
Title of Research Proposal															
<u>Summary of Research Proposal</u>															

<u>Introduction</u>
<u>Statement of the Problem</u>
<u>Literature Review</u>
<u>Research Methodology</u>
<u>Bibliography</u>

Signature of the Student: _____

Date _____

PART-II

Recommendation by the Research Supervisor

Name _____ Signature _____ Date _____

Signed by the Supervisory Committee

S. #	Name of Committee Member	Designation	Signature and Date
1			
2			
3			
4			

PART-III

Dean, Faculty of _____

_____ Approved from BOS

_____ Approved from BAS&R

_____ Not Approved on the basis of following reasons

Signature _____ Date _____