



Mirpur University of Science & Technology (MUST), Mirpur
Directorate of Advanced Studies and Research Board

**CLAIM FORM FOR INCENTIVE FOR M.Sc. (Engg.)/M.PHIL. /PH.D. SUPERVISOR
DURING THE CALENDAR YEAR 2020**

1. Name of Approved Supervisor:
2. Designation:
3. Department / Institute / Centre:
4. Faculty:
5. No. of Students supervised:

Sr.No.	Registration No.	Name of Scholars	Level M.Sc. /M.Phil/Ph.D.	Session
1				
2				
3				

Signature of the Claimant

FOR OFFICIAL USE ONLY

7- Period of remuneration requested:

From	To

8- Remuneration being claimed:

.....	M.Phil. Scholar:	@.....	Rs.
.....	Ph.D. Scholar	@.....	Rs.
Total amount			

Signatures of the Evaluation Committee:

1- Registrar(Member) _____

2- Treasurer(Member) _____

3- Chairman/Director
(ex-officio member) _____

4- Director,
ASRB(Member/Secr _____

5. Chairman of Committee _____

Date:.....

Approved by: _____
Dated: _____

