



OUTSIDE RESEARCH APPROVAL REQUEST FORM

(Through Proper Channel)

M.A./M.Sc./MS/ M.Phil./ Ph.D. Research Work

Student Name: Mr./Ms./Mrs. _____

Registration No.: _____ Roll No.: _____

Name of Main Supervisor: _____ Signature: _____

Department of: _____

Faculty of: _____

1. Main Title of Research:

2. Detail of part of research to be conducted outside GC University:

3. Name of Outside research Institution _____

4. Detail of Outside Research Facility Competent Authority :

Name: _____

Designation: _____

Contact: _____

5. Detail of Outside Research Facility Co-Supervisor/Research In charge :

Name: _____

Designation: _____

Contact: _____

Signature of Student

For Official Use only:

1. *Verified By:* Chairman of Department: _____ *Dated:* _____

2. *Endorsed by:* : Dean/Coordinator : _____ *Dated:* _____

3. *Forwarded By :* Director Advanced Studies : _____ *Dated:* _____

4. *Recommended By:* The Registrar : _____ *Dated:* _____

5. *Approved By:* The Vice Chancellor : _____

