



DEAN FACULTY OF SCIENCE
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SYNOPSIS DEFENSE REQUEST FORM

Name: _____ Registration No.: _____

Department/Institute: _____ Program: _____

Tentative Title of Synopsis: _____

Current Semester No.: _____ Name of Supervisor: _____

Requested Date and Time for Synopsis Defense: _____

Certificate by the Supervisor

It is certified that the student has finalized synopsis under my supervision as per standard format and guidelines. The student has finalized power point presentation under my supervision and given rehearsal presentation in my presence.

Other comment: _____

Student's Signature: _____ Supervisor's Signature: _____

To be filled by Chairperson/Director/Coordinator

Date of Receipt of Synopsis: _____ Expected Date of Defense: _____

Remarks: _____

Forwarded in duplicate to Dean Faculty of Science for further processing.

Signature of Chairperson/Director/Coordinator: _____

No: _____

Date: _____

Dean Faculty of Science

Approved/Not Approved: _____

Reason(s) if Not approved: _____

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- The proforma is based on approval in BASR Meeting vide No. F-BASR/ (73rd M)/15-24/756-58/2021 dated 18-02-2021.
- The dully completed synopsis request form (in duplicate) must reach Dean Office at least one week before the proposed defense date.