Internal Memo

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| --- | --- | --- | --- |
| **To:** | **The Chairman**  Board of Advanced Studies and Research  Dow University of Health Sciences, Karachi | **From:** | Name of Program Director |
| **Subject:** | **Synopsis Submission for BASR APPROVAL** | **Ref:** | DUHS/IBMS/2017/- |
| **Date:** |  |

With reference to the above mentioned subject, I am forwarding the synopsis of following PhD (batch-V) student for forthcoming meeting.

**Student’s Name: X. Y. Z,** MBBS

Enr #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discipline: Pharmacology

Synopsis Title: “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ “

Supervisor Co-Supervisor Clinical Supervisor

X. Y. Z X. Y. Z X. Y. Z

Cell #: \_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_

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Program Director

Qualification

Designation