

Appendix 1: Layout of the Application

Application for undergraduate Research Project

(Name of the Department)

Proposal must be completed under the direction of and with the approval of the Supervisor, the Head of the respective department and the Head of Ayurveda/ Unani Section.

Name of the student:

Student Registration number:

Current Telephone number:

Email ID:

I request permission to register in the above indicated course for six credits to be earned through research project for the term indicated above. This research project report will be completed no later than

Signature:

Date :.....

Description of study:

Attach a copy of research project proposal.

Consent:

I, _____, give my consent for the above study and I assure to give the necessary time to supervise and grade the work of this student.

Name:

Signature:

Date:

Recommendation of the Head/ Department of

.....

Signature:

Date:

Registration: Approved/ Not Approved

Head of the Ayurveda/ Unani Section:

Date:.....