



**RESEARCH CENTRE FOR MODELING AND SIMULATION  
NATIONAL UNIVERSITY OF SCIENCES AND TECHNOLOGY**

**Research Desk Allocation Proforma**

**Student Information:**

Applicant's Name: \_\_\_\_\_ Registration: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Lab Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**Recommendation by Supervisor:**

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Recommended:

Not Recommended:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_