



SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

BUSINESS CONSULTATION REGISTRATION FORM

Name : _____
Registration No : _____
Centre : _____
Semester : _____
Email : _____
Telephone : _____

Name of the Proposed Company : _____
Area of Investigation : _____
Proposed Mentor : _____
Date : _____

MENTOR (Please tick)

- Agree
- Disagree

Signature and Stamp

Date

FOR OFFICIAL USE

APPROVED/ NOT APPROVED

Signature and Stamp

Date