**Foundation University Institute of Rehabilitation Sciences**

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**Title Approval Performa**

|  |  |
| --- | --- |
| **Name of students** |  |
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|  |
|  |
| **Program** |  |
| **Name of Supervisor** |  |
| **Name of Co-Supervisor** |  |
| **Session** |  |

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| **Title** |  |
| **Rationale of Study** |  |
| **Objectives of Study** |  |
| **Study Design** |  |
| **Outcome measurement Tools****(Specify along with outcome variables)** |  |
| **Details of Funding/Expenses** |  |
| **Annexure (if any)** |  |

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| **Study Title:** |

**For Official use**

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| --- |
| **Research project number:** |

|  |
| --- |
| **Remarks:** |
|  | **Signature** |
| **Supervisor:** | **Approved****Rejected**  |  |
| **Secretary IRC (FUIRS)** | **Approved****Rejected** |  |
| **Chair IRC (FUIRS)** | **Approved****Rejected** |  |