

**Post Graduate Program**  
**Agriculture and Forestry University**  
Rampur, Chitwan, Nepal

Name of the Student

ID Number

AFU Registration  
Number

Date of Enrollment

Department

Faculty

---

Composition of Advisory Committee

**1. Chairperson**

Name

Designation

Affiliated Institution

Signature.....

**2. Member**

Name

Designation

Affiliated Institution

Signature.....

**3. Member**

Name

Designation

Affiliated Institution

Signature.....

**Recommendation**

Chairperson (Signature/Date) .....

Department Head (Signature/Date) .....

**Approval**

Faculty Dean (Signature/Date) .....

---

---