Directorate of Research, Nehru Kendra

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CONSENT FORM FOR Ph.D. CO-SUPERVISOR

Subject:

1.	Name of Student	
2.	(a) Date of Birth (b) Gender	
3.	(a) Category (b) Sub-category	
4.	(a) E-Mail id (b) Mobile number(Whatsapp no.) (c) Aadhaar No	
5.	(a) Name of Proposed Co-Supervisor (b) Affiliation of Proposed Co-Supervisor (c) Mobile no(with whatsapp no.) (d) Email ID:	

7. Consent of Proposed Supervisor:

I ..... (name of co-supervisor) give my consent to supervise Mr./Ms. .....(name of Student) for his/her Ph.D Thesis in the subject of ..... We do have basic research facilities required for carrying out the research work. I also certify that I am an approved supervisor of the university.

Place :
Date :

Signature of the proposed Co-Supervisor
With Date & stamp