

DIT UNIVERSITY, DEHRADUN**PH.D. SUPERVISOR CONSENT FORM****Section 1 (to be filled by the student)**

1. Name of the Research Scholar: _____
2. Address of the Research Scholar: _____
3. Email ID of the Research Scholar: _____
4. Department of the Research Scholar: _____
5. Date of Admission to the PhD Programme: _____
6. Date of Completion of Ph.D. Coursework: _____
7. Name, Designation and Affiliation of Supervisor: _____
8. Email ID of Supervisor: _____
9. Name, Designation and Affiliation of Co-Supervisor (if any): _____
10. Email ID of Co-Supervisor: _____
11. Signature of Student: _____ Date: _____

Section 2 (to be filled by Supervisor, Co-Supervisor)

I agree to act as the Supervisor to this student. I am currently supervising _____ Ph.D. students in DIT University and _____ Ph.D. students elsewhere.

Signature of Supervisor: _____

Date: _____

I agree to act as the Co-Supervisor to this student. I am currently supervising _____ Ph.D. students in DIT University and _____ Ph.D. students elsewhere.

Signature of Co-Supervisor: _____

Date: _____

Office of the Dean Research and Consultancy

Signature of Dean R&C _____

Date: _____