



ACCEPTANCE OF SUPERVISOR

I am Dr. _____ have done my
Ph.D./M.D/M/S/MDS in _____
University under faculty of _____ discipline of
_____.

I consent to supervise Mr./Ms. _____

Working as a _____

in the Department of _____ at _____

in _____ area of research.

Currently I am guiding _____ candidates.

I declare that the said candidate is not my relative.

Signature _____ :
(with Seal)