

Indian Institute of Technology Hyderabad Kandi, Sangareddy 502 284

# Supervisor/Guide Consent Form



**Department of**

|  |  |
| --- | --- |
| Student Name |  |
| Roll No. |  |
| Date of joining |  |

**Option for choosing thesis supervisor:**

Ph.D. scholars can choose the supervisor either before the end of course registration deadline of the enrolling semester or only at the end of the enrolling semester. (Please tick one option)

* I choose to exercise this option at the beginning of the first semester
* I choose to exercise this option at the end of the first semester

**Signature of the student**

For choosing the supervisor,, PhD Students are requested to meet **the** following faculty members and get to know their **areas of research and their** interest in being a doctoral supervisor\*.

|  |  |  |
| --- | --- | --- |
| SI. No | Faculty Name | Faculty Willingness & Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Signature of the student

Name & Signature of the faculty member(s) who accepted to be:

|  |  |
| --- | --- |
| **Guide** | **Co-Guide\*** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **DPGC** Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **HoD** Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Deputy Registrar (A.P.) Dean (A.P.)

## \*Note: If Co-Guide is form other organization (other than IITH) then Guide has to take prior approval from the Dean (A.P)