



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*.

Sl. No	Faculty Name	Faculty Willingness & Signature

Signature of the student

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

Guide

Name: _____

Signature: _____

DPGC Signature: _____

Date: _____

Co-Guide*

Name: _____

Signature: _____

HoD Signature: _____

Date: _____

Deputy Registrar (A.P.)

Dean (A.P.)

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