



Indian Institute of Technology Hyderabad Kandi,
Sangareddy 502 284

Supervisor/Guide Consent Form

Centre for Interdisciplinary Program

Student Name	
Roll No.	
Date of joining	

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:

Supervisor 1

Name: _____

Signature: _____

Supervisor 2

Name: _____

Signature: _____

Chair CIP Signature: _____

Date: _____

Deputy Registrar (A.P.)

Dean (A.P.)