

Indian Institute of Technology Hyderabad Kandi, Sangareddy-502 285

**Guide Change Consent form**



Student Name:

Roll No.: Department:

Student’s Signature: **Present Guide details**: Name:

Signature of the present guide:

Date:

**Details of proposed Guide**: Name:

Signature of the proposed guide: Date:

HoD Signature:

Name:

Date:

# Dy. Registrar (A.P.)

**Dean (A.P.)**