FORMAT NO.: MJPRU/DOR/02



***DIRECTORATE OF RESEARCH***

**MJP ROHILKHAND UNIVERSITY, BAREILLY -243 006 (UP) India**

*Phone : +91581-4022293; Email: office.dor@mjpru.ac.in*

**CONSENT FORM FOR Ph.D. SUPERVISOR**

*(to be submitted by the student seeking admission in PhD course of the University)*

**Subject: ………………………………**

|  |  |  |
| --- | --- | --- |
| 1. | Name of Student: | **:** |
| 2. | Date of Birth  Gender | **:**  **:** |
| 3. | Category  Sub-category | **:**  **:** |
| 4. | E-Mail id Mobile Number  Aadhaar No. | **:**  **:**  **:** |
| 5. | Name of Proposed Supervisor | **:** |
| 6. | Affiliation of Proposed Supervisor  Mobile no.:  Email ID: | **:**  **:**  **:** |

1. **Consent of Proposed Supervisor:**

I…………………………………………………. (name of supervisor) give my consent to supervise Ms/Smt ………………………………………….(name of Student) for his/her Ph.D Thesis in the subject of …………………… We do have basic research facilities required for carrying out the research work. I also certify that I am an approved supervisor of the university.

Place **:**

Date **: Signature of the proposed Supervisor**

With Date & stamp