**ASRA COLLEGE OF ENGINEERING & TECHNOLOGY BHAWANIGARH**

**Department of Post Graduate Studies**

PERFORMA FOR CONSENT OF SUPERVISOR

1. NAME OF CANDIDATE :
2. FATHER’S/HUSBAND’S NAME :
3. ROLL NO. :
4. PROPOSED RESEARCH Topic/Area :
5. NAME OF SUPERVISOR

6. No. of Candidates under Supervision

7 NAME OF CO-SUPERVISOR

(IF ANY)

8 No. of Candidates under Supervision

SIGNATURES OF CANDIDATE

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor

1. Agreed to act as supervisor : YES/NO
2. Certified that the above information, furnished/given by me is true and correct to the best of my knowledge and nothing has been concealed therein and the consent to supervise the above research scholar is given, keeping in view the approved Rules of the institute.

SIGNATURES OF SUPERVISOR

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/C PG DEPARTMENT

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_