**SANT LONGOWAL INSTITUTE OF ENGINEERING & TECHNOLOGY**

LONGOWAL, DISTRICT SANGRUR (PUNJAB) INDIA-148106

(Deemed-to-be-University)

**PERFORMA FOR CONSENT OF SUPERVISOR**

**(For Part time/Full time with/without fellowship)**

1. NAME OF CANDIDATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. FATHER’S/HUSBAND’S NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. ROLL NO. (ENTRANCE EXAM) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. PROPOSED RESEARCH TOPIC/Area : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME OF SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. NAME OF CO-SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IF ANY)

SIGNATURES OF CANDIDATE

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

Supervisor

1. Following are the details of the research scholars, already register/to be registered under my supervision for pursuing their Ph.D on full time/part time basis:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Name of research scholar, already registered/already given consent | Registration No. | Whether the research scholar is full time (with/without fellowship)/part time | Place of Ph.D registration |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |

1. Agreed to act as supervisor : YES/NO

(strike whichever is not applicable)

1. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Information given/furnished by the supervisor at Sr. No. 01 above is verified
2. RECOMMENDED/NOT RECOMMENDED

(strike whichever is not applicable)

SIGNATURES OF CHAIRMAN, DRC

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

Dean (R&C)