**SUPERVISOR/CO-SUPERVISOR**

**CONSENT FORM FOR MPHIL/PHD**

**For MPhil Supervision**

Name of the Student:

Admitted in Session:

Course Work cGPA:

I MR./MS./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have the facilities and agree to supervise/co-supervise the research work of the above-mentioned student of MPhil bearing roll/registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as per the rule of the University/HEC policy guidelines adopted from time to time in the allowed time. The criterion set by the HEC with regard to the number of scholars supervised at MS / M.Phil /PhD level has been strictly followed.

**Name** (Full in Capital Letters):

**Designation:**  **Department:**

**University:**  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For PhD Supervision**

Comprehensive Examination Committee Notification: (Copy attached as Annex )

Comprehensive Examination Date: Status: Pass Percentage:

I Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ solemnly affirm that The criterion set by the HEC with regard to the number of scholars supervised at MS / M.Phil /PhD level has been strictly followed. I agree to supervise/co-supervise the research work of the above mentioned student of PhD bearing roll/registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as per the rule of the University/HEC policy guidelines adopted from time to time in the allowed time.

**Name** (Full in Capital Letters):

**Designation: Department:**

**University: Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_