



# Lingaya's Vidyapeeth

Deemed-to-be-University u/s 3 of UGC Act 1956, Government of India

**NAAC ACCREDITED**

Approved by MHRD/ AICTE/ PCI/ BCI/ COA/ NCTE

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Website: [www.lingayasuniversity.edu.in](http://www.lingayasuniversity.edu.in)

## Doctoral Program Co-Supervisor Consent Form

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Date: XXXX

I, XXXX affirm my consent to be co-supervisor(s) for Doctoral Thesis work of Mr XXXX; Reg. no. XXXX, in the area XXXXXX who is admitted for doctoral program in School of XXXX of Lingaya's Vidyapeeth, Faridabad during session XXXX-XX (Odd/Even Semester). I am Eligible for guiding a PhD scholar according to UGC norms. My Resume/Bio data is enclosed.

(Bio data of Co-supervisor must be enclosed giving detail of educational qualification, publication, research experience and work experience along with photocopies of degree certificates and work experience)

### Signature of Supervisor

Name: XXXX

Address: XXXX

Email: XXXXXX

Mobile: XXXXX

### Signature of Co-Supervisor

Name: XXXX

Address: XXXX

Email: XXXXXX

Mobile: XXXXX