



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

Nachauli, Jasana Road, Faridabad – 121002; Ph: 0129-2598200-05

Website: www.lingayasuniversity.edu.in

Doctoral Program Proposed Supervisor Consent Form

Date: XXXX

I, XXXX affirm my consent to be supervisor 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.

Signature of Proposed Supervisor

Name: XXXX

Address: XXXX

Email: XXXXXX

Mobile: XXXXX