AGREEMENT FROM THE SUPERVISING TEACHER (To be filled in by the propsed guide)

1.	Name and address of the Supervising teacher (In block letters) with Phone Number		
2	No. & date of the University Order, approving him/her as a research guide of this University		
3	Existing number of candidates presently working under him/her in this University		
	(a) Part-time Candidates		
	(b) Full-time Candidates		
I hereby certify that Sri./Smt			
Place: Date:		Dated Signature of the Supervising Teacher	
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CONSENT OF THE HEAD OF THE DEPARTMENT (IN THE CASE OF UNIVERSITY DEPARTMENTS)/HEAD OF THE INSTITUTION (IN THE CASE OF RECOGNISED RESEARCH CENTRES OF THE UNIVERSITY)

1.	Name of the Department/Institution where the candidate proposes to do the research	
2	No. & date of the University Order, approving the Centre of Research proposed	
3	I hereby certify that this Research Centre/ Institution is willing to provide course work and all the necessary facilities for the proposed research work of	
	Sri/Smt	

Place:	
Date:	Dated Signature of the Head of the Department/Institution
	(With Address and Seal)