REQUEST FOR APPOINTMENT OF SUPERVISOR

Name of the Student:		
Roll Number of the Student:		
PG Programme of the Studer	nt (encircle one): M.Tech./M	I.Des./Ph.D./MS (By Research)
Department/IDP of the Stude	ent:	
Details of the Request:		
We agree to the arrangement	as proposed above.	
Name;	Name:	Name:
Signature:	Signature:	Signature:
Student	Supervisor	Co-supervisor
DPGC of the Department/ID	P has discussed and approved	d the above request.
(Convener, DPGC)		
Copy to: Chairperson, SPGC		