



**THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES**

**DD-36, Sector-I, Salt Lake, Kolkata 700 064**

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**Consent Form (Supervisor/ Co-Supervisor)**

**Consent by Research Supervisor:**

I hereby certify that (Name of PhD scholar)..... will carry out his / her PhD research work as a **full-time / part-time (✓)** candidate under my supervision in the **Faculty of** ..... **Subject/Discipline**.....with **field / area of Specialization** ..... under the West Bengal University of Health Sciences.

The number of registered PhD candidate(s) working under my supervision at present is / are:  
.....

**Place of PhD Research Work:**

The proposed Research Work will be conducted at the **Department of** ..... in the **Institution (Name)** .....

**Co-Supervisor(s):**

I recommend Prof. / Dr. .... to act as Co-Supervisor(s).

**1)**  
**Full Name:** .....  
**Designation:** .....  
**Department:** .....  
**Institute:** .....  
**Phone:** .....  
**E-mail:** .....

**2)**  
**Full Name:** .....  
**Designation:** .....  
**Department:** .....  
**Institute:** .....  
**Phone:** .....  
**E-mail:** .....

\_\_\_\_\_  
**Consent of Co-Supervisor (Yes/No)**

\_\_\_\_\_  
**Consent of Co-Supervisor (Yes/No)**

**Signature of the Supervisor with date:** .....

**Signature of the Co-Supervisor(s) with date:** .....

**Certificate:**

It is certified that necessary space, equipment, library and other facilities will be available in the Department/Institutions for carrying out the research work as proposed by the candidate.

**Signature of the Head of the Department:**  
.....

**Signature of the Head of the Institution:**  
.....

**Date:** ...../...../.....