



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

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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:/...../.....