

CONSENT FROM THE RESEARCH SUPERVISING TEACHER

(To be filled in by the proposed supervising teacher)

1.	Name (in block letters) of the supervising teacher	
2.	Official Address (in block letters)	
3.	Discipline	
4.	Name of the research centre	
5.	Number and date of the University Order approving him/her as a research supervising teacher of this University	
6.	Date of retirement	
7.	Existing number of candidates presently doing research under him/her in this University	(a) Full time scholars → (b) Part time scholars →
8.	Contact number	
9.	e-mail id	
10.	Name and permanent address (in block letters) of the research scholar for whom consent is given	
Please attach a list of research scholars for whom acting as guide and co-guide		

I hereby certify that **Sri/Smt**
is not a close relative (Child, Spouse, Parent, Brother, Sister, Grandparent, Grandchild, First Cousin, Nephew, Niece, Uncle, Aunt, and In-law) of mine and give my consent to supervise his/her research work.

I also certify that I am a regular faculty approved by Mahatma Gandhi University (not coming under the retired/adjunct/deputation/transferred category) and understand that, as per UGC (Minimum Standards and Procedure for Award of M.Phil./Ph.D. Degrees) Regulation 2016, at any given point of time, the maximum number of research scholars under the guidance of a supervising teacher is as follows : **Professor - 8, Associate Professor - 6, Assistant Professor - 4.**

Place:

Date:

Signature & name of the supervising teacher