



Indian Institute of Technology Hyderabad
Kandi, Sangareddy 502 285

Guide Consent Letter

Department of _____

All PhD / M.A. / M.Tech/M. Des. Students are requested to meet following faculty members and get to know their research interest towards thesis work:

1. Dr. _____ :
2. Dr. _____:
3. Dr. _____:
4. Dr. _____:

Name & Signature of the faculty member who accepted to be Guide.

Name:

Signature:

Date:

HoD Signature:

Name:

Date:

Student's Signature:

Roll No.:

Student Name:

Deputy Registrar (A.P.)

Dean (A.P.)