



Indian Institute of Technology Hyderabad  
Kandi, Sangareddy- 502 285

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## Guide Consent Letter

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**Department of \_\_\_\_\_**

All PhD / M.Phil/ M.Tech/MDes. 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:

**Joint Registrar (A.P.)**

**Dean (A.P.)**