

DECLARATION OF SUPERVISOR
Office of the Faculty Council of Science, Jadavpur University

Name :

Email :

Designation :

Mobile :

Department / Affiliated Institution :

Following candidates are registered under my supervision :

Name of the Ph.D. student	Faculty	University	Date of Registration

*Please do not include names of the candidates those who already submitted his/her thesis.

Signature

Forwarded by HOD / Director (in case of Affiliated Institute)

N.B.: C.V. / Bio-data of the supervisor along with publications (in case of newly appointed supervisor) should be submitted.