SIKKIM SARDAR PATEL UNIVERSITY
SIKKIM, INDIA

(Established and approved by the State Legislature of Government of Sikkim by Act 14 of 2023)

CONSENT LETTER FROM SUPERVISOR

I, Dr. ....., Subject .....

in the Faculty of .....

hereby give my consent to supervise .....

with Registration No.:....., Subject:.....

in the Faculty of .....

with Title of Research:.....

.....

.....

(Signature of Supervisor) Date:

(Name of Supervisor)

(Mobile Number)

(Email ID)

For, Sikkim Sardar Patel University

Sikkim, India