



**PT. DEENDAYAL UPADHYAY MEMORIAL HEALTH SCIENCES &
AYUSH UNIVERSITY OF CHHATTISGARH, RAIPUR**

(ESTABLISHED BY C.G. Act No. 21/2008)

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No.-DDUMHS/PhD/2026/

Raipur, Date: 18-05-2026

SUPERVISOR CONSENT FORM

This Consent is intended to confirm the willingness of the undersigned to act as supervisor for the scholar named below.

Supervisor Name (Guide): _____

Designation: _____

Institution/Department: _____

Scholar Name (Student): _____

Program/Course: _____

Institution/Department: _____

2. Scope of Supervision

The Supervisor agrees to provide academic guidance, support, and oversight to the Scholar in the related area of research/study.

3. Responsibilities of the Supervisor

- Provide guidance on planning, execution, and completion of work.
- Meet regularly with the scholar to review progress.
- Ensure adherence to ethical standards and institutional regulations.
- Support in overcoming academic and research challenges.
- Review and approve work as required.

Supervisor (Guide)

Name: _____

Signature: _____

Date: _____