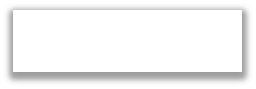
**Format of Willingness Certificate from the External Faculty Member Who Wishes to Become Co-supervisor of a Ph.D Student at NIT Durgapur**



**FORM - 16**

**(TO BE PRINTED ON THE LETTER HEAD)**

**To whomsoever it may concern**

**March 2024**

This is to state that I, Prof./ Dr. (Full Name) …………………………………………………………………….……

have been working as a (Designation) ……………………………………………………………………………….…

in the Department of (Name of Department) ……………………………………………………………

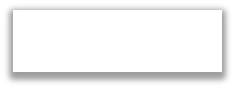
in (Name of Institute/university/organization).

I would like to express that I want to become a co-supervisor of the Ph.D. scholar named…………… Roll No.: …………………………… and Registration No……………………………………… of the Department of of National Institute of Technology Durgapur.

I shall guide the student throughout his / her tenure as a Ph.D. student, as and when required following the Ph.D. rules & regulations of National Institute of Technology Durgapur.

Thanking you Yours sincerely,

Signature of the External Faculty Member Official Seal & Date:



**FORM - 17**

**(TO BE PRINTED ON THE LETTER HEAD)**

**March 2024**

### Format of No Objection Certificate from the Employer to Become Co-Supervisor

**of a Ph.D. Student at NIT Durgapur**

**To whomsoever it may concern**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This is to certify that Prof./ Dr. (Full Name) has been working as a (Designation)

in the Department of (Name of Department) in (Name of

Institute/University/Organization, Address) for Yrs., since (XX XX XXXX).

We have no objection, if he/she now becomes a co-supervisor of the Ph.D. student named

………………………………………………………..…..Roll No.:……..…… & Registration No.:…………………………………… of the Department of National Institute of Technology Durgapur.

He/she will do the needful for the said student as required, without affecting his/her regular assignments of this Institute/University/Organization.

Thanking you Yours sincerely,

(**Full Signature Head of the Institute/University/Organization**) **Date:**