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EUROPEAN
INTERNATIONAL
UNIVERSITY

CONSENT LETTER OF SUPERVISOR

Date:

To

European International University
LIPS Research & DLCARD
Research Degree Programme

Sub: Consent letter to act as Supervisor

Dear Sir/Madam

I, Dr. / Prof _____ Aiding as Supervisor in the department of Research Degree Programme, European International University - LIPS Research & DLCARD hereby give my consent to act as Supervisor for Mrs. _____ In the broad area of _____ . For his / her _____ research degree

Thanking You

Regards

Name of Supervisor:

Name of Research Scholar:

Signature of Supervisor

Signature of Research Scholar:

Ref no of Supervisor:

Email ID of Supervisor:

Mobile No of Supervisor:

Mobile:

Discipline:

Programme:

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