

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE (BITS), PILANI
ACADEMIC GRADUATE STUDIES AND RESEARCH DIVISION (AGSRD)**

**SUPERVISOR CONSENT FORM FOR THESIS EXAMINATION BY EXTERNAL EXAMINERS
(FORM T.2)**

Date:

NAME OF STUDENT :
ID NO. :
DEPARTMENT :
CAMPUS :
TITLE OF THE Ph.D. THESIS :

I/We have studied and checked the above thesis proposed to be submitted for examination. The thesis is complete in all aspects with regard to submission. I/We hereby recommend further examination of the thesis in accordance with the regulations of the Institute.

(Supervisor)

(Co-Supervisor/s)

Additional comments, if any (use extra sheets if needed):