



SIDDHARTHA ACADEMY OF HIGHER EDUCATION

An Institution **DEEMED TO BE UNIVERSITY**

(Under Section 3 of UGC Act, 1956)

Kanuru, Vijayawada - 520 007, AP. www.vrsiddhartha.ac.in

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Ph.D. Scholar Undertaking Form (For Supervisor Selection Based on Research Area)

I, _____, bearing Application Number _____, and newly admitted to the Ph.D. programme in the Department of _____, I affirm that I will select my supervisor strictly based on the relevance of their research domain to my proposed area of study.

Name of the Scholar: _____

Signature of the Scholar: _____

Supervisor's Consent

I, _____, working as _____ in the Department of _____, acknowledge that I have been approached by the above-mentioned newly admitted Ph.D. scholar for supervision. I confirm that the proposed research area falls within my field of expertise. I agree to supervise the scholar subject to the approval as per University Regulations.

Name of the Supervisor: _____

Signature of the Supervisor: _____

Date: _____

Endorsement by the Head of the Department

I, hereby approve the selection of the supervisor mentioned above. The selection has been reviewed and is in accordance with the research alignment and eligibility norms prescribed by the university.

Name of the HOD: _____

Signature of the HOD: _____

Date: _____