Date:

Name: Address:

Tel. Res: Tel. Off Cell No.: WhatsApp No.: Qualification (s) & Experience in relevant field:

I hereby give my consent to advise the following final year students whose project title is:

|  |  |  |
| --- | --- | --- |
| **No.** | **Name** | **Seat No.** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Signature with Date

Industrial Advisor

Signature with Date Chairperson