

Department of Electrical Engineering  
<FYDP Course Code> Final Year Design Project  
**CONSENT FORM FOR INDUSTRIAL ADVISOR**



F/SOP FYDP/04/00

(To be submitted to Chairperson Office within two weeks after the start of Fall semester)

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