FORMAT FOR CONSENT OF TEACHER (CoT)

Name of the Student	:	
Roll Number.	:	
Programme	:	B.Tech. / M.Tech. / M.Sc. / MBA / MCA
Department	:	
Specialization	:	
Semester	:	
Course Code	:	
Course Name	:	
Signature of the student	:	
Name of the faculty	:	

CONSENT OF TEACHER (CoT)

Consent of the Teacher	:	Yes / No
		Permitted / Not Permitted
Signature of the faculty	:	