

Department of Software Engineering
SE-499 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