Consent Letter from Mentor of WISE-PDF Project

This is	to ce	ertify	that I,	, Dr.	/ Prof	• • • • • • •	• • • • • • •	• • • • • • •		• • • • • • • • • •	• • • • • • • •	• • • • • •
agree	to	act	as	a	mentor	in	the	WIS	E-PDF	projec	t ent	itled
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I'll	supp	ort	and		guide	the	PI	of	the	pro	ject	Dr.
		••••			• • • • • • • • • • • • • • • • • • • •		•••••	acad	lemically	y as	well	as
administratively while implementation of her project during its whole tenure.												

(Signature of Mentor)
Name and stamp of mentor

Detailed Bio-data of the Mentor

Name:
Designation:
Institution's Address:
Email:
Telephone/Mobile No.:
Date of Birth:
Gender:
Academic Qualifications (University/College from where attained, year of passing, class, Thesis title etc.):
Academic/Research Experience:
Fellows of Scientific Societies:
Administrative Responsibilities:
List of Publications in SCI Journals (Title of paper, authors, Journal details, pages, year etc.):
List of Patents granted, if any:
List of Projects implemented:
Awards/ Recognition: