



NATIONAL UNIVERSITY OF MODERN LANGUAGES
FACULTY OF MANAGEMENT SCIENCES

Dated: - _____

SUPERVISOR CONSENT FORM

BBA / BSAF / M.COM / BBA (2Years) BBS & MBA (Executive)

1. Name: -----

Roll No: -----

2. Name: -----

Roll No: -----

Business Plan Title: _____

E-mail Address (Student): -----

Contact Number (Student): -----

Supervisor Name: -----

Supervisor Signature

Date Received: _____ Program Coordinator: _____