



CENTRE FOR RESEARCH AND CONSULTANCY
APPLICATION FOR THE CHANGE OF SUPERVISOR

Name of the Scholar :

Reg. No :

Date of Registration :

Department :

Topic of Research :

Research Area of the Scholar :

Reason for Change of Supervisor :

Name of the Present Supervisor :
with designation

Name of the Proposed Supervisor :
with designation

Research area of the Proposed :
Supervisor

I have no objection to transfer my Research Scholar to -----

Signature of the Present Supervisor

Consented and Accepted the Research Scholar for guiding and supervising

Signature of the Proposed Supervisor

Signature of Ph.D. Coordinator

Signature of HoD

Dean Research