

**135, East Coast Road, Kanathur, Chennai-603112**

**APPROVAL FOR THE CHANGE OF GUIDE-PHD PROGRAMME**

Name of the Candidate : …………………………………………………………….

Reg No and Date of Registration :………………………………………………......................

Department :……………………………………………………………..

Payment for Change of Guide **:** Paid Rs 2000 Date:……………Receipt No:……………...

Reason for Change of Guide :……………………………………………………………..

Name of the Previous Supervisor :

Whether No Objection Certificate attached : Yes/No; If No, specify the reason:……………

Name of the newly proposed Supervisor :

Whether Consent Letter attached : Yes/No

Recommendations of the Department Research Committee (DRC)

Recommended / Not recommended

Signature of the Members of the DRC

Member Member HoD/Chairman

Date:

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Forwarded by

Dy. Director Research (PhD Programme)

Sent for Vice Chancellor approval on ………………………………