



**ACADEMIC OFFICE**  
**NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620 015**

**REQUEST FOR CHANGE OF RESEARCH GUIDE OR INCLUSION OF  
ADDITIONAL GUIDE**

Name of the Student	
Roll Number	
Department	
Date of joining	
Type of Registration	<b>Full Time</b> (Institute Scholarship / Project / Non-Stipendiary / Other fellowship / QIP) <b>Part Time</b> (On Campus / External / Staff) <b>Others</b> (Specify)
Name of the present research of Guide(s)	
<b>Reasons for requesting change of Research Guide <u>OR</u> inclusion of Additional-Guide*:</b> (to be stated clearly by the present Guide and/or additional Guide if any)	
Signature(s) of Research Guide(s) and Additional-Guide (if any)	

	Name	Signature	Date
Ph.D. Scholar			
Present Research Guide			
Present Additional Guide			
Proposed Research Guide			
Proposed Additional Guide			

\*DC recommendation has to be attached

*Forwarded*

Dean (Academic)

Approved

Director