ACADEMIC OFFICE NATIONAL INSTITUTE OF TECHNOLOGY

TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

REQUEST FOR CHANGE OF RESEARCH GUIDE <u>OR</u> INCLUSION OF ADDITIONAL GUIDE

Name of the Student			
Roll Number			
Department			
Date of joining			
Type of Registration	Full Time (Institute Scholarship / Project / Non- Stipendiary / Other fellowship / QIP) Part Time (On Campus / External / Staff)		
	Others (Specify)		
Name of the present research of Guide(s)			
Reasons for requesting ch	ange of Research Guide <u>OR</u> inclusion of Additional-		
(to be stated clearly by the p	resent 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