



PROFORMA FOR CHANGE OF Ph. D. THESIS TITLE

A. TO BE FILLED BY THE RESEARCH SCHOLAR

Name of the Scholar:	
Registration No.:	
Department:	
Discipline:	
Type of Programme: (Full Time/Part Time)	
Date of Joining Ph.D. Program:	
Date of SRC/Comprehensive Examination:	
Reason for change of thesis title (may attach separate sheet):	
Details of Journal and Conference papers communication/presented revised/published during the period of Ph.D. tenure (Details of authors, title, Journal, Volume, year, Page Number, etc.)	
1.	
2.	

B. DETAILS OF EXISTING Ph. D. THESIS TITLE

Title:	
Broad Area of Research Work:	

C. DETAILS OF PROPOSED Ph. D. THESIS TITLE

Title:	
Broad Area of Research Work:	

Place and Date: _____

Signature of the Scholar: _____



D. CONSENT OF SUPERVISOR(S)

I/We the undersigned(s) have carefully gone through the above proposal for change of thesis title. In this reference, I/We hereby give my/our consent.

Supervisor	Joint-Supervisor-I (if any)	Joint-Supervisor-II (if any)
Name:	Name:	Name:
Designation:	Designation:	Designation:
Department: University/ Institute:	Department: University/Institute:	Department: University/Institute:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Recommendation of Departmental Research Committee (DRC)
(To be filled by Chairperson, DRC)

The DRC in its meeting held on _____ considered the application in respect of Mr. / Ms. _____ Registration No. _____ for change of thesis title and *Approved / Rejected the same.

Remarks (if any): _____

Signatures of DRC Members:

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.

Date: _____

Signature of HoD: _____ Signature of Chairperson, DRC: _____

*The Approval/Rejection of DRC is to be supported by DRC meeting minutes.
