



CHANGE OF SUPERVISOR PROFORMA- MS/M. Phil

FACULTY: _____ **DEPARTMENT:** _____

Name of Student: _____ Registration No: _____

CGPA: _____ Date of Enrolment: _____

Thesis Title: _____

Field of Specialization: _____

Reason (s) for Change:

New Supervisor Details:

Name: _____

Department/University: _____

Contact No: _____ Email: _____

Signature (for consent): _____ Date: _____

Previous Supervisor Details:

Name: _____

Department/University: _____

Contact No: _____ Email: _____

Signature (for consent): _____ Date: _____

(TO BE FILLED IN BY THE DEPARTMENT)

Approved ☐

Not Approved ☐

HoD: _____ Signature: _____ Date: _____

Dean: _____ Signature: _____ Date: _____