



Application for Change of Supervisor for

Scholar Name:	Student Number:
Email ID:	Contact Number:
Present Supervisor Name:	Supervisor Allocated by DPC on:
Area of Specialization:	Final Date of Degree Completion:
Proposed Research Topic:	

Reason for Change:
(at least 70 words)

Newly Proposed Supervisor's Name:

Reason for Selection:
(at least 70 words)

Student signature:

Date

No Objection Certificate from Present Supervisor

Current Supervisor Name:

Do you support this desired change ? Yes No

Will the scholar be able to complete thesis within the remaining time-frame? Yes No

Comments:

Present Supervisor Signature:

Date:

Consent of Proposed Supervisor

Proposed Supervisor Name:

Do you support requested change ? Yes No

Will the scholar be able to complete thesis within the remaining time-frame? Yes No

Comments:

Supervisor Signature:

Date

Approval by DPC

The IER Doctoral Program Committee approved the request of the scholar for the change of supervisor in its meeting held on:

Chairman DPC

Date

*Only typewritten form will be accepted | Use Adobe reader to fill the form | Digital signatures are also accepted.