Date: ___

Request for Supervisor Re-allocation for Doctoral Program

Name of Student: _____   SAP ID: _____

Enrollment Date: _____   Phone No. _____

Title of PhD Work: _____

As per my interaction with faculty member, I am Requesting to re-allocate the Ph.D. supervisor.

(Signature of Student) _____

Existing Supervisor: _____

Existing Supervisor Research Area: _____

No objection from Existing Supervisor with Signature: _____

Reason for Re-allocation: _____

Proposed Supervisor Name: _____

Proposed Supervisor Research Area: _____

Consent of Proposed Supervisor with Signature:

Name of Research Coordinator   **Signature with Date**

Recommendation from R&D Department:

On the basis of suitability of Research Interests of the PhD student and the availability of seats with the faculty member (s), the above-mentioned faculty member may be approved as the supervisors.

Dr Pankaj Kumar   **Dr Ashwini Kumar Nangia**
Associate Dean R&D   **Dean R&D**

Approved/ Not Approved

Dr Ram Sharma
Vice Chancellor, UPES