

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
Associate Dean R&D

_____**Dr Ashwini Kumar Nangia**
Dean R&D

_____**Approved/ Not Approved****Dr S.K. Rai**
Vice Chancellor, UPES