

Request for Supervisor Re-allocation for Doctoral Program

Name of Student:	SAP ID:
Enrollment Batch:	Phone No
Area of specialization:	
As per my interaction with faculty member, I am Requ	uesting to re-allocate the Ph.D. supervisor.
Date:	(Signature of Student)
Existing Supervisor:	
Existing Supervisor Research Area:	
No objection from Existing Supervisor:	
Reason for Re-allocation:	
Proposed Supervisor Name:	
Proposed Supervisor Research Area:	
Consent of Proposed Supervisor:	
Research Coordinator of school	Signature with Date
Recommendation by Dean R & D	
	PhD student and the faculty members; and the availability of d that the above-mentioned faculty member may be approved
	Dr DK Avasthi, Dean R & D

Approved/ Not Approved

Dr Ram Sharma Vice Chancellor, UPES