

Date:

FORM FOR TITLE CHANGE

1. Name of the scholar :
2. Register No. :
3. Department :
4. Year of Registration :
5. Category :
6. Existing Broad Area of Research :
7. Existing Research Title :
8. Coursework details :

Sl. No.	Name of the Paper	Mark
1.		
2.		
3.		
4.		

9. Proposed Broad Area of Research :
10. Proposed Research Title :
11. Whether the Scholar needs to
do any additional coursework
paper relevant
to new proposed Research Area / Title: Yes / No
(if yes, give details in separate sheet)
12. Date of Fee Payment (Rs.1,000/-) :
(enclosed the xerox copy)

Signature of the Scholar

Chairman

External Expert

Internal Member

Supervisor