

**Request letter for Title Change**

From

Name  
Address  
District with pin code  
Phone No:

To

The Director,  
Centre for Research,  
Manonmaniam Sundaranar University, Tirunelveli – 12.

Sir/Madam,

Name of the Scholar & Reg. No.	
Category	
Discipline & Date of Commencement	
Name of the Guide	
Name of the Co-Guide (If applicable)	
Existing Title	
Proposed Title (to change)	
Details of payment of fee Name of Bank, Place, Amount, DD/Challan No., Date:	

Yours faithfully,

Encl:

Signature of the Candidate

1. Demand Draft / Challan

2. Ph.D Date of Commencement Order

Supervisor (Signature with Seal)

Joint Supervisor (Signature with Seal)  
(If applicable)

---

**(FOR OFFICE USE ONLY)**  
**Manonmaniam Sundaranar University**  
**Center for Research**

Change of Title has been granted to Mr./Ms. \_\_\_\_\_, Reg. No. \_\_\_\_\_ as

Copy to: 1. Supervisor

2. Joint Supervisor

CSN

Supdt.,

A.R.

Director

**Request letter for Change of Supervisor**

From

Name  
Address  
District with pin code  
Phone No:

To

The Director,  
Centre for Research,  
Manonmaniam Sundaranar University, Tirunelveli-12.

Sir/Madam,

Name of the Scholar & Reg.No.	
Category.	
Change of Category(if any) (Copy enclosed)	
Subject & Date of Commencement	
Name of the Existing Guide	
Name of the Co-Guide	
Name of the Research Centre	
Proposed Guide (to change)	
Whether Guideship copy of the Guide enclosed	Yes/No
Date of Birth and Date of Retirement of the Guide	
Number of Vacancies available under Guidance	
Whether No Objection letter from the existing guide enclosed	Yes/No
Whether Consent letter from the proposed Guide enclosed	Yes/No
Details for payment of fee Name of Bank, Place, Amount, DD/Challan No., Date	

Yours faithfully,

Signature of the Candidate

Encl:

1. Demand Draft/Challan 2. Ph.D. Date of Commencement Order 3.No objection Certificate 4. Consent Letter

**Supervisor (Signature with Seal)**

**Joint Supervisor (Signature with Seal if applicable)**

**(For Office Use only)  
Manonmaniam Sundaranar University  
Center for Research**

Change of Guide from \_\_\_\_\_ to

Mr./Ms. \_\_\_\_\_ has been granted to Mr. /Ms. \_\_\_\_\_

Reg. No. \_\_\_\_\_.

Copy to: 1.Supervisor

2. Joint Supervisor

Jr. Asst.

Supdt.

A.R.

Director

**REQUEST LETTER FOR CO-GUIDE INCLUSION**

From

Name  
Address 1  
Address2  
District with Pin Code  
Phone No.

To

The Director,  
Centre for Research,  
Manonmaniam Sundaranar University, Tirunelveli -12

Sir / Madam

Name of the Scholar & Reg.No	
Category	
Subject	
Date of Commencement	
Name of the Research Center	
Name of the Guide	
Name of the Co-Guide (to include)	
Number of Vacancies available under Co-Guidance	
Whether Consent Letter from the proposed Co-Guide enclosed	YES / NO
Whether Guideship copy of the Co-Guide enclosed	YES / NO
Date of Birth & Date of Retirement of the Co-Guide	
Details for payment of fee Name of Bank:                      Place: Amount:                              DD / Challan No. Date:	

Yours faithfully

Signature of the Candidate

Encl: 1. Demand Draft / Challan,      2.Ph.D Date of Commencement Order      3. Consent letter of Co Guide

**Supervisor (Signature with Seal)**

**Joint Supervisor (Signature with Seal)  
(If applicable)**

---

**(FOR OFFICE USE ONLY)**

**Manonmaniam Sundaranar University  
Center for Research**

Inclusion of Co-Guide \_\_\_\_\_ has been granted to Mr./Ms. \_\_\_\_\_  
Reg.No. \_\_\_\_\_

Copy to : 1. Supervisor

2. Joint Supervisor

Jr.Asst.,

Supdt.,

A.R.

Director

## Request letter for Change of Research Centre

From:

Name :  
Address 1 :  
Address 2 :  
Dist. With Pin Code:  
Phone No. :

To

The Director,  
Centre for Research,  
Manonmaniam Sundaranar University, Tirunelveli – 12.  
Sir/Madam,

Name of the Scholar & Reg.No.	
Category	
Subject & Date of Commencement	
Name of the Guide	
Name of the Co-Guide (if applicable)	
Existing Research Centre	
Proposed Research Centre to change	
Whether No Objection Certificate received from the existing centre.	Yes/No
Whether Acceptance letter received from the proposed research centre	Yes/No
Details for payment of fee: Name of the Bank / Place / Amount/ DD/Challan No./ Date:	

Yours faithfully,

Signature of the Candidate

Encl: 1. Demand Draft / Challan 2. Ph.D Date of Commencement order 3. Acceptance letter  
4. No objection certificate

**Supervisor**  
**Signature with seal**

**Joint Supervisor**  
**Signature with seal (If applicable)**

---

**(For Office Use Only)**  
**Manonmaniam Sundaranar University**  
**Center for Research**

Change of Research Centre from \_\_\_\_\_ to \_\_\_\_\_  
has been granted to Mr/Ms. \_\_\_\_\_ Reg.No. \_\_\_\_\_.

Copy to: 1. Supervisor 2. Joint Supervisor (if applicable) 3. The Principal (Existing Research Centre)  
4. The Principal (Proposed Research Centre)

Jr.Asst.,

Supdt.

A.R.

Director

**Request letter for Extension**

From

Name  
Address 1  
Address 2  
District with pin code  
Phone No:

To

The Director,  
Centre for Research,  
Manonmaniam Sundaranar University, Tirunelveli – 12.

Sir/Madam,

Name of the Scholar & Reg. No.	
Category	
Change of Category (if any) (copy enclosed)	
Subject & Date of Commencement	
Name of the Guide	
Name of the Co-Guide (If applicable)	
Date of FDP availed (Enclose copy of this office letter) (if applicable)	
Request for Extension	✓ <b>First / Second / Third</b>
Maximum Period ended on	
Extension already granted	
Details of payment of fee	
Name of Bank, Place, Amount, DD/Challan No., Date:	

Yours faithfully,

Signature of the Candidate

Encl:

1. Demand Draft / Challan
2. Ph.D Date of Commencement Order

**Supervisor (Signature with Seal)**

**Joint Supervisor (Signature with Seal)  
(If applicable)**

---

**(FOR OFFICE USE ONLY)**  
**Manonmaniam Sundaranar University**  
**Tirunelveli-12**

First / Second / Third Extension from \_\_\_\_\_ to \_\_\_\_\_ has been granted to Mr./Ms.

\_\_\_\_\_, Reg. No. \_\_\_\_\_.

Copy to: 1. Supervisor 2. Joint Supervisor

CSN

Supdt.

A.R.

Director

**REQUEST LETTER FOR CANCELLATION OF CO-GUIDE**

From

Name  
Address 1  
Address2  
District with Pin Code  
Phone No.

To

The Director, Centre for Research, Manonmaniam Sundaranar University, Tirunelveli 12

Sir / Madam

Name of the Scholar & Reg.No.	
Category	
Subject	
Date of Commencement	
Name of the Research Centre	
Reason for cancellation of Co-Guide	
Name of the Guide	
Name of the Co-Guide for cancellation of guidance	

Yours faithfully

Signature of the Candidate

Encl: 1.Ph.D Date of Commencement Order  
2.No Objection certificate for cancellation from Co-Guide

Supervisor (Signature with Seal)

Joint Supervisor (Signature with Seal)  
(If applicable)

---

**(FOR OFFICE USE ONLY)**  
**Manonmaniam Sundaranar University**  
**Center for Research**

The request of \_\_\_\_\_ Reg.No. \_\_\_\_\_ for cancellation of Co-Guide for his / her Ph.D programme is complied with

Copy to: 1.Supervisor

2.Joint Supervisor (If applicable)

Jr.Asst.,

Supdt.,

A.R.

Director