

## 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)	
Is the proposed title related to the course work already selected / completed	Yes/No
If No, Subject codes of the Proposed Course work related to the proposed title (Copy of the New mark statement duly attested by the DC Board members should be submitted after passing)	
Details of payment of fee	
Name of Bank, Place, Amount, DD/Challan No., Date:	

Yours faithfully,

Signature of the Candidate

**Supervisor (Signature with Seal)**

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

**DC Member 1(Signature with Seal)**

**DC Member 2((Signature with Seal)**

**Head of the Department (Signature with seal)**

**Principal of the College (Signature with Seal)**

**Enclosure:**

1. Fee Payment receipt
2. Ph.D Commencement Order

(FOR OFFICE USE ONLY)



# MANONMANIAM SUNDARANAR UNIVERSITY

State University  
Reaccredited with "A" Grade (CGPA 3.13 out of 4.0) by NAAC (3<sup>rd</sup> Cycle)  
Institutional Ranking between 151-200 by NIRF, MHRD, GOI during 2017 - 2018

Tirunelveli – 627 012. Tamilnadu, India  
Phone:0462 – 2563073

e\_mail: [cfmsu@msuniv.ac.in](mailto:cfmsu@msuniv.ac.in) Website: [www.msuniv.ac.in](http://www.msuniv.ac.in)

Change of Title has been granted to Mr./Ms. \_\_\_\_\_

,Reg. No. \_\_\_\_\_ as \_\_\_\_\_”

Jr.Asst

Supdt.

A.R

Director

Copy to:

1. Name & Address of the Supervisor

2. Name & address of the Joint Supervisor  
(if applicable)

3. Name ,Reg.No and Address of the candidate

## 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	Yes/No
enclosed	
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

Enclosures:

1. Demand Draft/Challan
2. Ph.D Commencement Order
- 3.No Objection Certificate
4. Consent Letter

**Supervisor (Signature with Seal)**

**Joint Supervisor (Signature with Seal)**

**(If applicable)**

**Head of the Department (Signature with seal)**

**Principal of the College (Signature with Seal)**

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Change of Guide from Dr. \_\_\_\_\_ to

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

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

Jr.Asst

Supdt.

A.R

Director

Copy to:

1. Name & Address of the Supervisor

2. Name & address of the Joint Supervisor  
(if applicable)

3. Name ,Reg.No and Address of the candidate

## Request letter for Co-Guide Inclusion

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 Guide	
Name of the Co-Guide(to Include)	
Name of the Research Centre	
Number of Vacancies available under Co-Guidance	
Whether Consent Letter from the proposed Co-Guide is enclosed	Yes/No
Date of Birth & Date of Retirement of the Co-Guide	
Whether Guideship copy of the Co-Guide enclosed	Yes/No
Details for payment of fee	
Name of Bank, Place, Amount, DD/Challan No., Date	

Yours Faithfully

Signature of the Candidate

Enclosures:

1. Demand Draft/Challan
2. Ph.D Commencement Order
- 3.No Objection Certificate
4. Consent Letter

**Supervisor (Signature with Seal)**

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

**Head of the Department (Signature with seal)**

**Principal of the College (Signature with Seal)**

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Change of Guide from Dr. \_\_\_\_\_ to

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

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

Jr.Asst

Supdt.

A.R

Director

Copy to:

1. Name & Address of the Supervisor

2. Name & address of the Joint Supervisor  
(if applicable)

3. Name ,Reg.No and Address of the candidate

## Request letter for Change of Research Center

**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 Guide	
Name of the Co-Guide	
Existing Research Centre	
Proposed Research Center (to change)	
Whether No Objection letter received from the existing Research Center	Yes/No
enclosed	
Whether Acceptance letter from the proposed Research Center is enclosed	Yes/No
Details for payment of fee	
Name of Bank, Place, Amount, DD/Challan No., Date	

Yours Faithfully

Signature of the Candidate

Enclosures:

1. Demand Draft/Challan
2. Ph.D Commencement Order
- 3.No Objection Certificate
4. Acceptance Letter

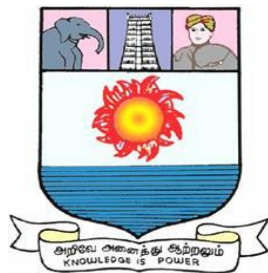
**Supervisor (Signature with Seal)**

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

**Head of the Department (Signature with seal)**

**Principal of the College (Signature with Seal)**

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Change of Research Center from \_\_\_\_\_ to

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

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

Jr.Asst

Supdt.

A.R

Director

Copy to:

1. Name & Address of the Supervisor

2. Name & Address of the Joint Supervisor  
(if applicable)

3. Name ,Reg.No and Address of the candidate

4. Name & Address of the Principal (Existing Research Centre)

5. Name & Address of the Principal (Proposed Research Centre)



## 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

Enclosures:

1. Demand Draft/ Challan
2. Ph.D Commencement Order
- 3.No Objection Certificate for Cancellation of Co-Guide

**Supervisor (Signature with Seal)**

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

**Head of the Department (Signature with seal)**

**Principal of the College (Signature with Seal)**

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

Jr.Asst.,

Supdt.,

A.R.

Director

Copy to:

1. Name & Address of the Supervisor

2. Name & address of the Joint Supervisor  
(if applicable)

3. Name ,Reg.No and Address of the candidate

## 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	✓ First / Second / Third
Maximum Period ended on	Yes/No
Extension already granted	
Details for payment of fee	
Name of Bank, Place, Amount, DD/Challan No., Date	

Yours Faithfully

Signature of the Candidate

Enclosures:

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

**Supervisor (Signature with Seal)**

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

**Head of the Department (Signature with seal)**

**Principal of the College (Signature with Seal)**

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First / Second / Third Extension from \_\_\_\_\_ to \_\_\_\_\_ has been granted to  
Mr./Ms. \_\_\_\_\_, Reg. No. \_\_\_\_\_.

Jr.Asst

Supdt.

A.R

Director

Copy to:

1. Name & Address of the Supervisor

2. Name & Address of the Joint Supervisor  
(if applicable)

3. Name ,Reg.No and Address of the candidate