

DIT UNIVERSITY, DEHRADUN

APPLICATION FOR CHANGE OF SUPERVISOR/CO-SUPERVISOR

1. Name of the Research Scholar _____
2. Address _____
3. Date of the Programme _____
4. Date of admission _____
5. Date of research registration _____
6. Name of existing Supervisor with designation and address _____
7. Name of the new Supervisor or Co-Supervisor with designation and address _____

(Bio-data of New Supervisor (s) with relevant documents to be enclosed)

I hereby accept to work under the new Supervisor / Co-Supervisor and I understand that any further request for change of Supervisor / Co-Supervisor will not be permitted by the University.

Signature:

Name:

(Research Scholar)

<p>I have No Objection for change of Supervisor</p> <p>Signature of existing Supervisor with seal</p>
--

<p>I accept to act as Supervisor</p> <p>Signature of New Supervisor with seal</p>
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<p>I have No Objection for change of Co-Supervisor</p> <p>Signature with existing Co-Supervisor with seal</p>
--

<p>I accept to act as Co-Supervisor</p> <p>Signature of existing Co-Supervisor with seal</p>

Remarks by RDC:

Signature of Chairman RDC

DIT UNIVERSITY, DEHRADUN

APPLICATION FOR CHANGE OF TITLE/ TOPIC

1. Name of the Research Scholar _____
2. Address _____
Admission/ Registration No. _____
3. Name of the Program _____
4. Date of admission _____
5. Date of research registration _____
6. Name of Supervisor with _____
designation and Address _____
7. Name of the Co-Supervisor with _____
designation and Address (if any) _____
8. Title of the approved research _____
Topic _____
9. Progress of Research work completed _____
10. Title of new research topic _____

I hereby understand that any further change of research Title/ Topic will not be permitted by the University.

Signature:

Name:
(Research Scholar)

Signature with seal:

Name:
(Co- Supervisor)

Signature with seal:

Name:
(Supervisor)

Remarks by RDC:

Appendix -III

A Thesis

on

TOPIC

Submitted for the award of Degree of

DOCTOR OF PHILOSOPHY

in

Name of the Discipline

Submitted By

Name of Research Scholar

Under the Supervision of

Name of the Supervisor(s)

(with Designation and affiliation)



DIT UNIVERSITY, DEHRADUN, INDIA

Month & Year

(of Thesis submission)

DIT UNIVERSITY, DEHRADUN

UNDERTAKING

This is to certify that the Thesis entitled “.....” in partial fulfillment of the requirement for the award of the **Degree of Doctor of Philosophy (Ph.D.)** in....., submitted to **DIT University, Dehradun, Uttarakhand, India**, is an authentic record of bonafide research work I have carried out. The matter embodied in this Thesis has not been submitted for the award of any other degree/diploma elsewhere.

The assistance and help received during the course of this investigation have been acknowledged.

Signature:

Name:
(Research Scholar)

Roll No:

Date:

Place: Dehradun

DIT UNIVERSITY, DEHRADUN

CERTIFICATE

This is to certify that the Thesis entitled “.....” in partial fulfillment of the requirement for the award of the **Degree of Doctor of Philosophy (Ph.D.)** in....., submitted to **DIT University, Dehradun, Uttarakhand, India**, is an authentic record of bonafide research work carried out by Mr./Ms.....Roll No.....under my supervision and guidance. The matter embodied in this Thesis has not been submitted for the award of any other degree/diploma elsewhere.

The assistance and help received during the course of this investigation have been acknowledged.

Signature:

Name:
(Supervisor)

Date:

Place: Dehradun

DIT UNIVERSITY, DEHRADUN

CERTIFICATE

This is to certify that the Thesis entitled “.....”
in partial fulfillment of the requirement for the award of the **Degree of Doctor of
Philosophy(Ph.D.)** in....., submitted to **DIT University,
Dehradun, Uttarakhand, India**, is an authentic record of bonafide research
work carried out by Mr./Ms.....Roll
No.....under my supervision and guidance. The matter embodied
in this Thesis has not been submitted for the award of any other degree/diploma
elsewhere.

*The assistance and help received during the course of this investigation have
been acknowledged.*

Signature:

Name:
(Co-Supervisor)

Date:

Place: Dehradun