## FORMAT FOR CHANGE OF Ph. D. WORKPLACE

1. Name of Candidate……………………………………………….………… ……………….

2. Enrollment No.:…………… ………………………………………… .………………… …….

3. Faculty and Area of Study………………………….…………………………………………

4. Date of Admission: …………………………… ……

5. Present Place of Work:……………… …………… ……………… …………………………

## DETAILS OF PROGRESS OF Ph.D. WORK (As on date)

Pre-Ph.D. Course Work :………………… …………… ……………… …………………………

………… ………………………… …………… ……………… …………… ………… ………… Research Progress :……………………… …………… ……………… …….……………….…

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## PROPOSED PLACE OF Ph.D. RESEARCH WORK

1. Name of the Organization: …………………… …………… …………………………..

2. Contact Details:……… …………… …………………………………………………..

Phone : ………………. Fax : …………………… e‐mail : …………………………….…

Signature of Ph.D. Candidate



## RECOMMENDATIONS OF THESIS SUPERVISOR(S)

(May attach an additional sheet, if necessary)

Signature of Supervisor (s )

Signature of Head of Previous Work Place Signature of Head of Proposed Work Place

Recommendation of DRC Dean Research