

## Request letter for Title Change

From

Name Address of the Scholar  
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 Supervisor	
Name of the Co-Supervisor (If applicable)	
Existing Title	
Proposed Title (to change)	
Details of payment of fee  Name of Bank, Place, Amount, DD/Challan No., Date:	

Yours faithfully,

Signature of the Candidate

**Enclosure:**

1. Fee payment receipt
2. Ph.D. Date of Commencement Order

**Supervisor (Signature with Seal)**

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

**(FOR OFFICE USE ONLY)**

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