PRESIDENCY UNIVERSITY
KOLKATA

Recommendation for PhD Supervisor Change/Co-Supervisor Change/ Inclusion of Co-Supervisor/ exclusion of Co-Supervisor

Department/school/institute: _____ Faculty: ☐Arts ☐Science

Name of the Candidate: _____

Enrollment Number: _____ Date of Enrollment: _____ Date of Title Registration: _____

Contact Number: _____ E-mail ID: _____

Details about Fellowship Availing (if any): Start Date: _____ End Date: _____

Agency: UGC/CSIR/_____ Type of Fellowship: NET JRF/_____

Guide Details

Role	**Name(s) of Existing Supervisor(s) (Col A)**	**Name(s) of proposed Supervisor(s) (Col B)**	**Remark**
Supervisor	Dr. Inst: Email id: Contact Number	Dr. Inst: Email id: Contact Number	**No change/ New/ Inclusion / Exclusion**
Co-Supervisor 1	Dr. Inst: Email id: Contact Number	Dr. Inst: Email id: Contact Number	**No change/ New/ Inclusion / Exclusion**
Co-Supervisor 2	Dr. Inst: Email id: Contact Number:	Dr. Inst: Email id: Contact Number:	**No change/ New/ Inclusion / Exclusion)**

Signature of the Present Supervisor: _____ _____

Signature of the Proposed Supervisor (if applicable): _____

Recommendation of the Departmental PhD Committee:

In its meeting dated _____, it is recommended that Mr/ Ms _____ will pursue PhD programme under the supervision of the teachers as specified in (**Col B)** above.

Date: **Signature of the convener of the PhD Committee/ HoD with seal**

Copy of the documents to be attached:
1) Approved Minutes of the Departmental PhD Committee, 2) Enrollment Certificate 3) Registration Certificate