



Recommendation for PhD Thesis Title Change

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

Name of the Candidate: _____

Enrollment Number: _____ Date of Enrollment: _____

Date of Title Registration: _____

Contact Number: _____ E-mail ID: _____

Registered Thesis Title:

New Thesis Title (Title will be updated in the same format and case) (avoid special characters and styles):

Signature of the Supervisor(s): _____

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

Enclosures to be attached (Photocopy):

- ☐ Approved Minutes of the Departmental PhD Committee dated _____
- ☐ Enrollment Certificate
- ☐ Registration Certificate