

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
ACADEMIC SECTION

ACAD FORM - 13

APPLICATION FOR Change of Guide/Co-Guide for thesis work
(PG Residents & Ph.D Scholars)

From

Tirupati
Date:

To
The Dean
SVIMS
Tirupati.

Sir / Madam,

Sub: SVIMS, Tirupati - Change of Guide / Co-guide - Grant of permission - Requested- Reg.

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Name:	
Course:	
Date of admission:	
Title of the thesis:	
Name of Guide:	
Name of Co-guide:	
Proposed change	
Justification	
I agreed to be as Guide / Co-guide for the thesis work titled	
.....	
.....allotted to	
Signature of Guide / Co-Guide	

Hence, I request you to issue orders for change of Guide / Co-guide for my thesis as mentioned above at the earliest.

Thanking you

Yours sincerely

Signature of the applicant

Mobile No:

//forwarded & recommended by//

Signature of the Guide / Co-Guide

Encl: Thesis Protocol

Signature of the HoD with seal