

**ADIKAVI NANNAYA UNIVERSITY:: RAJAMAHENDRAVARAM**  
**APPLICATION FOR CHANGE OF RESEARCH SUPERVISOR**

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NAME OF THE RESEARCH SCHOLAR :

ADMISSION NUMBER :

DEPARTMENT :

COLLEGE :

AREA OF RESEARCH/TOPIC OF THESIS :

REASON FOR CHANGE OF SUPERVISOR :

NAME OF THE PRESENT SUPERVISOR :

NAME OF THE PROPOSED SUPERVISOR :

BANK NAME: DD.NO:

AMOUNT : D.D DATE :

PLACE :

DATE:

Signature of the Research Scholar

Signature of Present Supervisor

Signature of Proposed Supervisor

Signature of Head of the Department

Chairman/Convenor BRS

PRINCIPAL

REGISTRAR