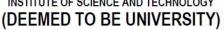


SATHYABAMA

FORM 5 INSTITUTE OF SCIENCE AND TECHNOLOGY





Accredited with Grade "A" by NAAC
Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai – 600 119, Tamil Nadu, India

CENTRE FOR ACADEMIC RESEARCH

Office Number: 044-2450 3067; E-mail: deanresearch@sathyabama.ac.in; Website: www.sathyabama.ac.in

APPROVAL FORM FOR THE CHANGE OF SUBJECT FOR RESEARCH SCHOLARS

1.	Name of the Research Scholar	:				
2.	Register number	:				
3.	Title of the (Ph.D) research work	:				
4.	Name of the supervisor	:				
5.	Name of the subject as per the first Doctoral Committee Meeting	:				
6.	Name of the department from which the above subject has been allotted	:				
7.	Whether the above subjects is Core or Elective	:	Core	Elective		
8.	Whether the above subject will be available in the next semester or academic year & H O D's sign	:	YES	NO]	
9.	Name of the alternate(new) subject	:				
10	. Name of the department in which the alternate(new) subject is available	;				
11	. Whether the Alternate (new) subject is Core or Elective	:	Core	Elective		
	2. Justification for the subject change ven by the supervisor, to what extent I			eparate sheet wii	th supervisor's signatu	re (to be
13	. Signature of the Supervisor	:				
14	. Signature of the D.C. Members	:				
1.		_				
2						
2. 15	* Signature of the H O D	- :				
		(where the ca	andidate registered)			
	. Approval & Signature by Director (Re					
 *B	efore giving the signature, the H C	DD is requeste	ed to check the av	vailability of sylla	abus, and the conter	nt of syllab

us among the subjects.

^{*}Item No.8 & 12 have to be filled by the respective department's staff or H O D.