

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MINOR / MAJOR CHANGE IN THE TITLE OF THE PHD THESIS

School	Discipline	Name of the Student, Enrolment Number and Programme	Name of the Supervisor	Existing title	Changed title	Reason for change in Title	Details of DRC Recommendation	Details of SB/SCSB Recommendation

Signature and Name of the Research Programme Coordinator:

Signature & Stamp of the Director of the School:

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

CHANGE OF SUPERVISOR

Name of the School	Discipline	Name of the Student, Enrolment Number and Programme	Research Topic	Existing Supervisor	Reason for change	Changed Supervisor	Details of DRC Recommendation	Details of SB/SCSB Recommendation

Signature and Name of the Research Programme Coordinator:

Signature & Stamp of the Director of the School:

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CANCELLATION OF REGISTRATION

School	Discipline	Name of the Candidate and Enrolment Number and Programme	Research Title and Name of the Supervisor	Reason for cancellation	Whether the candidate has been communicated regarding recommendations of DRC / SB about cancellation (Mention Mode of Communication also (through email or registered post)	Details of DRC and SB / SCSB Recommendations

Signature and Name of the Research Programme Coordinator:

Signature & Stamp of the Director of the School:

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APPROVAL OF RESEARCH TOPIC AND SUPERVISOR BY RC/RCSC

Name of the School:

Name of the Discipline:

Programme : PhD

Sl no	Name of the Student and Enrolment Number	Topic of Research	Research Supervisor(s) (In case of Joint Supervisor, both names are to be given)	Number of students currently registered with the Supervisor excluding the present student	Course completion status (Specify whether completed/ not completed)	Date of DRC approval (Pl. enclose Minutes of the meeting)	Date of School Board/ Standing Committee of School Board approval (Pl. enclose Minutes of the meeting)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Signature and Name of the Research Programme Coordinator:

Signature & Stamp of the Director of the School:

INDIRA GANDHI NATIONAL OPEN UNIVERSITY
Maidan Garhi, New Delhi

Approval for faculty member as Research Supervisor

Name of the School:

Name of the Discipline:

S. No.	Name of the Faculty Member with Designation	Whether holding Ph.D. Degree (Please say Yes/No)	No. of Research Publications	Please provide the details publications in the refereed Journals (at least 5 in case of Professors / Associate Professors: and at least 3 in case of Assistant Professors	
				Title of the Research Publication	Name of the Journal, Vol. No. Issue No. and Year

Name and Signature of the Research Programme Coordinator:

Signature and stamp of the Director of the School:

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WITHDRAWAL OF REGISTRATION OF MPHIL /PH.D STUDENTS

School :

Discipline :

Name of the Candidate and Enrolment Number and Programme	Name of the supervisor	Title of the thesis if allotted	Reason for Withdrawal of Registration	Details of DRC Recommendation	Details of SB/SCSB Recommendation

Name and Signature of the Research Programme Coordinator:

Signature and stamp of the Director of the School:

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Approval for Co-supervisor

Name of the School	Discipline	Name of the Student, Enrolment Number and Programme	Research Topic	Existing Supervisor	Name of the Co-supervisor	Details of DRC Recommendation (enclose CV of the co-supervisor)	Details of SB/SCSB Recommendation

Signature and Name of the Research Programme Coordinator:

Signature & Stamp of the Director of the School: