**PROFORMA**

 Date

To.

The Controller of Examination,

Gujarat Technological University,

Ahmedabad.

**Sub: An application for the change in title/guide name of M. Pharm (Sem III & IV) students (After Winter 2019 Exam).**

Dear Sir,

With reference to above mentioned subject the below list of the students would like to change their title/guide for the Dissertation work.

1. **For the change in Title:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of the Student** | **Enrollment No.** | **Old Title** | **New Title** | **Guide Name** | **Sign of guide**  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **For the change in Guide (If required)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of the Student** | **Enrollment No.** | **Old Guide Name** | **New Guide Name** | **Sign of New Guide** | **Remark**  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

The copy of DP-1/ITD/MID/FDE review card (Both Page) is attached herewith for your ready reference.

**Signature of Principal**

 **(Name of Principal)**

**Seal of College**