

**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 IV students.**

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.

**(A) For the change in Title:**

| <b>Sr. No.</b> | <b>Name of the Student</b> | <b>Enrollment No.</b> | <b>Old Title</b> | <b>New Title</b> | <b>Guide Name</b> | <b>Sign of guide</b> |
|----------------|----------------------------|-----------------------|------------------|------------------|-------------------|----------------------|
|                |                            |                       |                  |                  |                   |                      |
|                |                            |                       |                  |                  |                   |                      |

**(B) For the change in Guide (If required)**

| <b>Sr. No.</b> | <b>Name of the Student</b> | <b>Enrollment No.</b> | <b>Old Guide Name</b> | <b>New Guide Name</b> | <b>Sign of New Guide</b> | <b>Remark</b> |
|----------------|----------------------------|-----------------------|-----------------------|-----------------------|--------------------------|---------------|
|                |                            |                       |                       |                       |                          |               |
|                |                            |                       |                       |                       |                          |               |

The copy of Mid Sem Review card (RW-2015) is attached herewith for your ready reference.

**Signature of Principal**  
**(Name of Principal)**

**Seal of College**