

**(Institute Letter Head)**  
**Format of Application for permission for change of Guide**

To:  
The Registrar  
MGM Institute of Health Sciences  
Navi Mumbai

**Sub:** Permission for change of Post Graduate/Ph.D. Guide

Sir,

1. Dr./Mr./Ms. \_\_\_\_\_ is the student admitted from Academic  
*(Name)*

Year \_\_\_\_\_ for \_\_\_\_\_ in \_\_\_\_\_  
*(Name of Course)*  
\_\_\_\_\_ Speciality.

2. The said student was registered under Dr./Mr./Ms. \_\_\_\_\_  
*(Name)*  
from \_\_\_\_\_ up to \_\_\_\_\_ (period).

3. However due to \_\_\_\_\_  
*(Please cite the reason & date of effect)*  
the said teacher is not able to guide the student. Hence, you are requested to permit  
Dr./Mr./Ms. \_\_\_\_\_ (from date :- \_\_\_\_\_)  
*(Name of New Guide)*  
who is Post Graduate/Ph.D. recognized teacher of MGMIHS. (MGMIHS PG/Ph.D. teacher recognition  
letter no. \_\_\_\_\_ dated \_\_\_\_\_). At present he/she is working  
as \_\_\_\_\_ in the department of \_\_\_\_\_  
*(Designation)*

4. The title for synopsis of Dissertation/Thesis as approved by the Ethical Committee is:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The previous Guide is willing for change and the new Guide has given consent to guide the student.  
The teacher: Student ratio is maintained as per Central Council/UGC rules and the qualification and  
experience of the Guide confirms to the Central Council/UGC guidelines.  
Kindly accord permission for the change of Guide.

**Outgoing (Reliever) Guide**

Name:

Signature

**Incoming (Receiving/New Guide)**

Name:

Signature:

**Head of Department**  
(Signature & Seal)

Date: \_\_\_\_\_

**Head of Institution**  
(Signature & Seal)

Place: \_\_\_\_\_

(Completed application must be received at registrar's office 15 days in advance from the proposed date  
of changeover of Guide)