

प्रपत्र संख्या/ <b>Form No.</b> _____	<b>शैक्षिक अनुभाग/ Academic Section</b>  <b>थीसिस शीर्षक परिवर्तन हेतु प्रपत्र</b> <b>FORM FOR CHANGE OF THESIS TITLE</b> <i>(This form is to be filled only if the thesis title requires change, after the Pre-synopsis is completed)</i>	भारतीय प्रौद्योगिकी संस्थान मुंबई Indian Institute of Technology Bombay पवई, मुंबई/ Powai, Mumbai-400076 महाराष्ट्र, भारत/Maharashtra, India. <a href="https://www.iitb.ac.in/">https://www.iitb.ac.in/</a>
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Date: \_\_\_\_\_

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PROGRAMME:	CATEGORY :
DATE OF JOINING:	<b>DATE OF PRE-SYNOPSIS :</b>
NAME OF SUPERVISOR: Prof. _____	NAME OF CO-SUPERVISOR(s) : 1. Prof. _____ 2. Prof. _____

NAME OF EXTERNAL SUPERVISOR (If applicable): \_\_\_\_\_

CURRENT TITLE : \_\_\_\_\_

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REASON /JUSTIFICATION: \_\_\_\_\_

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RECOMMENDATION OF SUPERVISOR(s)/RPC MEMBER(s) : \_\_\_\_\_

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**Supervisor(s)**  
(Signature with Date)\_\_\_\_\_  
**Co-Supervisor(s)**  
(Signature with Date)\_\_\_\_\_  
**Co-Supervisor(s)**  
(Signature with Date)\_\_\_\_\_  
**RPC Member 1**  
(Signature with Date)\_\_\_\_\_  
**RPC Member 2**  
(Signature with Date)\_\_\_\_\_  
**RPC Member 3**  
(Signature with Date)*(at least 1 RPC member's signature is required)*

RECOMMENDATION OF DPGC/IDPC : \_\_\_\_\_

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**Convener, DPGC/IDPC/PGC**  
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