Application from Research Student for Continuation of Guideship after his / her retirement.

| | Name |
|--|---|
| | Address |
| | |
| | Makila Na |
| | Mobile NoEmail Id |
| | Date |
| The Director, Board of Examinations & Evaluation, Thesis Section, University of Mumbai Santacruz (E), Mumbai – 400 098. | |
| ir, | |
| This is to inform you that I have registered myself form the ept three terms, i.e. 1½ Calendar Years, I am to request work under the guidance of My determined the guidance of | you kindly allow me to complete my research |
| 1. Registration No:- /Date : | |
| 2. Course : | |
| · 3. Name of the Research Institute :- | |
| 4. Position of Research work (% of work Completed ti | |
| 5. Period required for submission of Thesis:- | |
| 6. Reason:- | |
| Yours Faithfully, | |
| | (|
| I am to request you that the request made by the stude | ent may be accepted |
| - man of the state | |
| | Research Guide Name |
| | Mobile No |
| Forwarded to the Director, Board of Examinations alumbai, Fort, Mumbai – 400 032, for further necessary act | & Evaluation, Thesis Section, University of |
| Seal of | |

Head/ Director/ Principal Research Centre

College