Homi Bhabha National Institute

**Proposal for Change of Thesis Title**

1. Name of the Student:
2. Name of the Constituent Institution:
3. Enrolment No.:
4. Board of Studies:

Original Title:

Modified Title:

Justification:

|  |  |  |
| --- | --- | --- |
| **Doctoral Committee** | **Name** | **Signature with Date** |
| Chairman |  |  |
| Guide/ Convener |  |  |
| Co-Guide (if any) |  |  |
| Member-1 |  |  |
| Member-2 |  |  |
| Member-3 |  |  |
| Technology Advisor (if any) |  |  |

Signature of Dean-Academic, CI with Date

To

Dean, HBNI

CC: Student

*Updated, August 2023*