



# MALLA REDDY (MR)

## (DEEMED TO BE UNIVERSITY)

Recognised Under Section 3 of The UGC Act, 1956, Vide Notification No.9-5/2025-U.3(A) by  
Department of Higher Education, Ministry of Education, Government of India.



### Application for Allocation / Change of Co-Supervisor

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

To  
The Dean  
Research and Development Cell  
Malla Reddy (MR) Deemed to be University  
Maisammaguda, Medchal - Malkajgiri  
Hyderabad, Telangana – 500100

**Subject:** Application for Allocation / Change of Co-Supervisor for Ph.D. Research

**Respected Sir/Madam,**

I, Mr./Ms. \_\_\_\_\_, Ph.D. Research Scholar bearing Registration Number \_\_\_\_\_, of the School \_\_\_\_\_, Department of \_\_\_\_\_, submit this application for your kind consideration and approval regarding the allocation / change of Co-Supervisor for my Ph.D. research work.

I registered Ph.D. programme in A.Y. \_\_\_\_\_ under the guidance of Dr. \_\_\_\_\_, Designation: \_\_\_\_\_, School \_\_\_\_\_, Department: \_\_\_\_\_, Institution: \_\_\_\_\_.

(If applicable) Co-Supervised by Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, Designation: \_\_\_\_\_, School \_\_\_\_\_, Department: \_\_\_\_\_, Institution: \_\_\_\_\_.

I request that Dr. \_\_\_\_\_, Designation: \_\_\_\_\_, School \_\_\_\_\_, Department: \_\_\_\_\_, Institution: \_\_\_\_\_ may kindly be allocated / appointed as my Co-Supervisor, subject to the approval of the University and the concerned authorities.

I request the competent authority to kindly consider my application and grant approval for the allocation / change of Co-Supervisor.

Thanking you.

(Signature with Date)

Mobile No.: \_\_\_\_\_

Email ID: \_\_\_\_\_

## **Recommendations and Consent**

### **Research Supervisor**

I have No Objection to the above request for allocation / change of Co-Supervisor.

**Signature with Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

### **Existing Co-Supervisor** *(Applicable in case of change of Co-Supervisor)*

I have No Objection to the above request for change of Co-Supervisor.

**Signature with Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

### **Proposed Co-Supervisor**

I hereby convey my willingness to co-supervise the above-mentioned Ph.D. Research Scholar, subject to the approval of the University.

**Signature with Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

### **Head of the Department**

Recommended / Not Recommended

**Signature with Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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*(For R&D Cell)*

Approved / Not Approved

**Dean (R&D Cell)**

**(Signature with Date)**