

To

Miss / Mrs. RENUKA S [BDU2110632779347],

1/45 ROAD STREET, KALATHUR MELKARAI,
KALATHUR (PO),
NEEDAMANGKALAM (TK),
THIRUVARUR - 613703,
Contact No.: 7904433522.

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Sir / Madam,

Sub: Ph.D.Programme - Change of Guide and Centre - reg.

Ref: Your letter dated. 24.01.2023

With reference to the above, the permission is hereby accorded to you for the change of Research Supervision and Research Centre. Further, I am to inform you that Dr. SENTHIL KUMARI P, Assistant Professor, DEPARTMENT OF TAMIL, GOVERNMENT ARTS COLLEGE (AUTONOMOUS) FOR WOMEN [KUMBAKONAM], Kumbakonam - 612 001. will serve as your Research Supervisor now onwards instead of Dr. GOVINDARAJAN A, Assistant Professor, DEPARTMENT OF TAMIL, BHARATHIDASAN UNIVERSITY [TIRUCHIRAPPALLI], Tiruchirappalli - 620 024.

Encl: As above

Copy to

1. Dr. SENTHIL KUMARI P, Assistant Professor, DEPARTMENT OF TAMIL, GOVERNMENT ARTS COLLEGE (AUTONOMOUS) FOR WOMEN [KUMBAKONAM], Kumbakonam - 612 001.
2. Dr. GOVINDARAJAN A, Assistant Professor, DEPARTMENT OF TAMIL, BHARATHIDASAN UNIVERSITY [TIRUCHIRAPPALLI], Tiruchirappalli - 620 024.
3. The Principal / Head, GOVERNMENT ARTS COLLEGE (AUTONOMOUS) FOR WOMEN [KUMBAKONAM], Kumbakonam - 612 001.

4. The Principal / Head, BHARATHIDASAN UNIVERSITY
[TIRUCHIRAPPALLI], Tiruchirappalli - 620 024.