



**KRISHNA UNIVERSITY**  
**Machilipatnam-521004 (A.P) INDIA**  
**Research & Development**

**SUPERVISOR PRIORITY FORM**

Name of the Scholar: \_\_\_\_\_ Reg.No: \_\_\_\_\_

Father Name: \_\_\_\_\_

Discipline: \_\_\_\_\_

P.G. Percentage / Percentile/CGPA: \_\_\_\_\_

Rank in APRCET: \_\_\_\_\_

Hall Ticket No: \_\_\_\_\_ Gender: \_\_\_\_\_

Full-Time / Part-Time: \_\_\_\_\_

Priority of Guide:

Guide Signature:

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

I hereby declare that, after allotment of guide based on my priority, I would not urge for any further change of guide and accept the decision of the Krishna University.

**Signature of the Candidate**

Date:

Place:

Document to be submitted: Admission Letter