

PH.D. THESIS SUBMISSION FORM

1. Name of Candidate:.....
2. Department:.....
3. Faculty:.....
4. Enrollment No. & Date of Registration:.....
5. Name of Supervisor:.....
6. Name of Co-Supervisor(s),if any:.....
7. Title of the Thesis:.....
.....
8. No. of research paper(s) published/ accepted with MCN (Attach copies of complete publications):.....
9. I undertake that the remaining research work of thesis will be published within a period of 1 year with the due credit to the Integral University and its Supervisor(s)
10. I certify that no figures / tables have been reproduced in the thesis without permission from the respective copyright owners.
11. Thereby submit 4 copies each of the spiral bound thesis, summary & a soft copy of the thesis on CD.

Date:

Signature of the Candidate

To be filled by the Supervisor(s)

12. Recommendation (Boxes not to be left empty. Either tick or cross the boxes.)
- Certified that all necessary approved objectives have been completed.
 - Recommended for Thesis Submission.
 - Certified that research papers published are related to the research work of thesis.

Signature Co-Supervisor(s)

Signature Supervisor

Recommendation

- Recommended
- Not Recommended

- Recommended
- Not Recommended

Signature Head of the Department

Signature Dean of the Faculty

- Ph.D Scholar has been permitted to deposit the fee for Thesis Submission & Plagiarism Check.

Signature Dean, Doctoral Studies

Clearance from Accounts Section

- Complete Fee paid till date Yes No
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