

PROGRAM FOR SUBMISSION OF FINAL Ph.D. THESIS AFTER ORAL
DEFENCE

1. Name of Research Scholar:
2. Enrolment Number:
3. Contact number and Email of the Research Scholar:
4. Name of School:
5. Discipline of Study:
6. Category of registration: Full-Time/Part-time
7. Date of registration in the Ph.D. programme (attach registration letter) :
8. In case of extension beyond the registration period specified in the applicable Ph.D. Ordinance-12, please attach the extension letter(s).
9. Title of Ph.D. thesis:
10. Name and contact information of Supervisor(s)/Co-Supervisor (if any):
 - (i) Name : (ii) Name :
 - School: School:
 - Address: Address:
 - Phone: Phone:
 - Email: Email:
11. 2 hard-bound copies of the thesis along with one soft copy on pen drive in MS word/PDF format as per University guidelines.
12. Certificate of incorporation of corrections/or suggestions, as suggested by examiners in the thesis evaluation report and/or oral defence.
13. Key word(s) for thesis for indexing purposes (minimum of 5 keywords)
14. No dues certificate in the prescribed format as available on the University website.

Date:

Signature of Research Scholar

Date:

Signature of Supervisor

Date:

Signature of Dean/Director of the School/Centre

COE



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
 Sec-16-C, Dwarka Campus, Delhi - 110 078
 Website: <http://ipu.ac.in>

NO DUES CERTIFICATE

Name (In capital Letter)

Enrolment No.

Programme

University School of Studies

Name of the Supervisor

Address for Address

Contact No. (Mobile No.)

Email-ID

Date of Submission of Thesis

Dated:

Signature of the Scholar

Signature of the Supervisor

No Due/Dues (If any, please specify)

1. Dean/ Head of the School Concerned.
2. Dean, Student's Welfare.
3. Librarian.
4. COF.
5. Hostel Warden (Boys/Girls).
6. Director (R&C) (Ph.D. Section)
(Submission of I-Card)

To be submitted to:

Examination Branch (COE)

CERTIFICATE

It is to certify that the Viva-Voce of the candidate _____

Registration No. _____ has been conducted on date

_____. No changes were suggested by the examiners for the thesis entitled

Name & Signature

(Co- Supervisor)

Name & Signature

(Supervisor)

Name & Signature (with stamp)
(Dean)

CERTIFICATE

It is to certify that the Viva-Voce of the candidate _____ Registration
No. _____ has been conducted on date _____. The changes suggested by
the examiners are incorporated for the thesis entitled

Name & Signature

(Co-Supervisor)

Name & Signature

(Supervisor)

Name & Signature (with stamp)

(Dean)

Two
Photographs

DEGREE DATA INFORMATION FOR THE YEAR

SR. NO.	IN ENGLISH	IN HINDI
SCHOLARS NAME		
ENROLLMENT NO		
FATHER'S NAME (as per 10 th Certificate)		
TITLE OF THESIS	1D	
SUBJECT		
SCHOOLS NAME		

(Scholar Signature with date)