

## NO DUES CERTIFICATE FOR Ph.D. THESIS SUBMISSION

*(To be completed by the Ph.D. Student)*

1. Name of the Ph.D. Student: \_\_\_\_\_
2. Registration No: \_\_\_\_\_
3. Roll No.: \_\_\_\_\_
4. School: \_\_\_\_\_
5. Department: \_\_\_\_\_
6. Date of Admission: \_\_\_\_\_
7. Date of thesis Submission: \_\_\_\_\_

Sl. No.	Certifying authority	Remarks	Signature
1	Ph.D. Guide		
2	Ph.D. Co-Guide (s)		
3	Lab instructor/ lab in charge		
4	Head/Coordinator of the Department		
5	Librarian		
6	Hostel Warden (if applicable)		
7	Dean Academics		
8	Controller of Examination (CoE)		

**Signature of the Ph.D. Student with Date:**