

## TOTAL FEE SUBMISSION CERTIFICATE FOR Ph.D. THESIS SUBMISSION

*(Details of Semester-wise fee paid 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.	Particulars of Fee for	Date of Payment	Signature of Accounts Officer
1	Admission		
2	Semester I		
3	Semester II		
4	Semester III		
5	Semester IV		
6	Semester V		
7	Semester VI		
8	Semester VII		
9	Semester VIII		
10	Semester IX (if applicable)		
11	Semester X (if applicable)		
12	Re-registration fee after approval of extension (if applicable)		

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

**For Office Use**

This is to certify that the particulars of fee payment have been verified and the Ph.D. Student has cleared the semester fee as applicable till the date of submission of thesis.

**(Signature with Date)  
Accounts Officer**