

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: