



**Office of the Controller of Examination**

**PH.D. THESIS SUBMISSION FORM**

1. Name of the Ph.D. Student:
2. Registration No.
3. Roll No.
4. School:
5. Department:
6. Address for correspondence:
7. Mobile No.:
8. Email ID:
9. Date of admission:
10. Date of submission of Synopsis (Plan of Research):
11. Date of submission of Long Abstract:
12. Title of thesis approved in Pre-Submission seminar:

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13. Any IPR involved in the thesis:

(Confidentiality Declaration to be submitted)

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

**Recommendations:**



**Office of the Controller of Examinations**

**PH.D. THESIS SUBMISSION FORM**

***Certificate of successful completion of PhD Course Work:***

*I/We hereby certify that the candidate named above is a registered student of The Assam Royal Global University. He/She has already successfully completed the prescribed course work and presented his/her pre-submission seminar in accordance with the Regulation under the supervision of the undersigned.*

Name of the Co-Guide: \_\_\_\_\_

Signature:

Name of the Guide: \_\_\_\_\_

Signature:

Date:

**Forwarded by**

All documents as per the Checklist are verified and found to be in order. Based on the same, the thesis is recommended for submission.

(Signature with date)

Recommended/ Not recommended

HOD (Chairperson, SRC and DRC)

Name: \_\_\_\_\_

(Signature with date)  
Dean of School

Name: \_\_\_\_\_

(Signature with date)  
**Dean (R&D)/ Registrar**