

Bell Road, Clement Town Dehradun-248002 Ultarakhand Ph.: 0135-2644183, 2642799, Fax: 0135-2644025 www.geu.ac.in

Ph.D. THESIS SUBMISSION FORM

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Signature of the Scholar, with Date

| [Recommendation by Research Guide] | | | | | |
|--|----------------------------------|---------------------------------|--|--|--|
| I/We authorize the above scholar t | o submit the Ph.D. Thesis. | | | | |
| Name(s) of Guide(s) | Signature | Date | | | |
| | [Verification of Records] | | | | |
| Pre- PhD Course work comple All the required documents. | tion mark sheet. | | | | |
| Verified and found | correct | | | | |
| | Assi | stant (Office of Dean Research) | | | |
| | [Approval] | | | | |
| The Ph.D. Thesis has b | een received and accepted/not-ac | ccepted for evaluation. | | | |
| | A | Associate Dean/Dean (Research) | | | |
| Note: The following documents must 1. Two printed copies on executive l | be enclosed: | ` | | | |

- 2. Fee receipt of Rs. 20,000.00 as applicable towards Thesis submission.
- 3. Attendance and No Dues Certificate (Annex-I)

Note: After successful completion of Oral examination four hard copies of the revised thesis, along with soft copy (PDF) on Email are to be submitted at shodhganga by the office for issue of provisional certificate.



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INTERNAL CLEARANCE FORM (Ph.D. STUDENT)

(Annex-I)

| Name of the Student | : | |
|---------------------------------------|---|--|
| Date of Registration / Enrollment No. | ; | |
| Full time/Part time | | |
| Department | : | |
| Father's Name | : | |
| Mailing/Present Address | : | |
| Email id/Mobile no. | : | |

| Sl. | Department | Dues (If any) | Remarks | Signature |
|-----|--|--------------------------|---------|-----------|
| No. | - · F ··· · · · · · · · · · · · · · · · · · | , | | |
| 1 | H.O.D. | | | |
| 2 | DPMC/DRC Chairman | | | |
| 3 | Supervisor (Internal/ | | | |
| | Administrative) | | | |
| 4 | Library | | | |
| 5 | Computer Centre | | | |
| 6 | Examination Cell | | | |
| 7 | Fee Cell | | | |
| 8 | Alumni Association | | | |
| 9 | Information Cell | | | |
| | Identity Card | Returned/Not Returned | | |



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Attendance Certificate

| This is to certify that Mr./Mrs./Miss | , Research Scholar of |
|--|---|
| Department, Graph | hic Era Deemed to be University, Dehradun, has |
| interacted with me regularly, related to his/her Ph. | D. research work. He/She has spent the time with |
| me for an approximate duration of | _days at the research centre during the period to |
| as detailed below. The candidate had completed c | ourse work and regularly presented/submitted his |
| progress report before SRC/DRC of the Departme | ent from time to time during the period |
| to | |

| S.No. | Semester | Period | No. of |
|-------|----------|--------|--------|
| | | | Days |
| 1. | I | | |
| 2. | II | | |
| 3. | III | | |
| 4. | IV | | |
| 5. | V | | |
| 6. | VI | | |
| 7. | VII | | |
| 8. | VIII | | |
| 9. | IX | | |
| 10 | X | | |
| | , | | |

Supervisor(s) Name and signature with seal

Verified and forwarded to Office of Dean (Research)