**Form XII**

**TEZPUR UNIVERSITY**

**Office of the Controller of Examinations**

***(Thesis submission form)***

***(To be filled in by the candidate)***

1. Name of the student and Roll No.: Mrs/Ms*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

2. School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Address for correspondenc:

email: Tel: Mobile

4. Date of admission \_\_\_\_\_\_\_\_\_\_\_

5. Date of submission of Research Plan \_\_\_\_\_\_\_\_\_\_\_\_

6. Date of pre-submission Seminar \_\_\_\_\_\_\_\_\_\_\_\_

7. Approved title of thesis (BLOCK LETTERS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Any IPR involved in the thesis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Confidentiality Declaration to be submitted)*

Signature of candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendations**:

**Certificate of having completed a course of study for Ph.D.**

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

Name of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Co- supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_

Forwarded by:

Head of the Department/ Centre\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_