

ALIGARH MUSLIM UNIVERSITY, ALIGARH

PROFORMA FOR SUBMISSION OF Ph.D. THESIS

To be filled by the Department

R.No. _____ / Date : _____
(The above will be treated as Date of Submission of Ph.D. Thesis)

Recent Photo of the
candidate. Duly
attested by the
Chairperson

To,
The Chairperson / Director / Coordinator
Department of _____

Faculty of _____

Subject: Request for Permission to submit thesis for award of Ph.D. Degree

in the Subject _____

Sir/Madam

A. I am enclosing herewith a soft copy along with the abstract, in PDF format of my thesis on the topic mentioned below (IN BLOCK LETTER) as approved by the CASR (Please Type):

Topic in Language of study, if PhD is in Department of Languages other than Department of English (Please Type) :

Further, I am also attaching the following:

1. Copy of at least 01 research paper(s) published in a Scopus indexed/UGC listed.
Mention full reference with DOI with ISSN-ISBN number below:

- a. _____
- b. _____
- c. _____

OR

Copy of order of BOS providing relaxation to publish research paper(s), where there are no or only a limited number of Scopus indexed/UGC listed journals, clearly mentioning reason for the relaxation

Date of BoS- _____, under Item No- _____

2. Copies of at least 02 of Presentation Certificate and re-print of Published paper presented in conferences/seminars.

Mention names of Conferences /Seminars attended:

a. _____

b. _____

B. Following are my details:

1. Name (in block letters): _____
(As per High School or Equivalent Examination)(Attach High School Certificate/Marksheet)
2. Enrollment No.: _____ Faculty No. : _____ Date of Admission: _____
3. Date of CASR : _____ **(Applicable for University Teachers Supplicating Ph.D Thesis)**
(Please attach copy of Order)
4. Name of the Supervisor: _____
5. Dept. of the Supervisor (If applicable): _____
6. Name of the First Co-Supervisor (If applicable) : _____
7. Dept. of the First Co-Supervisor: _____
8. Name of the Second Co-Supervisor (If applicable) : _____
9. Dept. of the Second Co-Supervisor: _____
10. Date of Birth (DD/MM/YY) : _____
(As per High School)
11. Father's Name : _____
12. Mother's Name : _____
13. Married (Yes/No): _____
14. Religion : _____
15. PwD (Yes/No) : _____ (If yes, then kindly attach Certificate)
16. Category : _____ (Gen/OBC/SC/ST/EWS) (If applicable, kindly attach Certificate)

17. Nationality : _____

18. Phone No (Mob.) : _____

19. Date of Pre-Submission Seminar: _____

20. Number of Credits earned in Course Work Examination: _____ Credits

21. Permanent Address: _____

_____ PIN _____

22. Address for Correspondence: _____

_____ PIN _____

(If different from Permanent Address)

Signature of the Candidate

List of Enclosures:

1. As mentioned at S.no 'A 1 & 2' above
2. Copy of minutes of CASR confirming the Research Topic
3. Copy of self attested High School Certificate
4. Copy of Passport (For Foreign Nationals)
5. Self-declaration certificate from the candidate
6. Certificate from the Supervisor/ Co-Supervisor /Chairman of the Department.
7. Certificate for the completion of course work, from the Chairman of the Department
8. Certificate for the successful completion of the pre-submission seminar from the Chairman of the Department
9. Copies of Minutes/Orders of approval of Ph.D. Topic, appointment of Supervisor and Co-supervisor, if any
10. A copyright transfer certificate as per the prescribed Proforma.
11. A certificate from the Research Supervisor attesting to the originality of the thesis and that the thesis has not been submitted for the award of any other degree/diploma to any other Higher Educational Institution
12. Copy of Admission Card
13. Tenure extension Order (If applicable)
14. Copies of all the six monthly progress and performance reports. (To be attached by the Dept.)
15. Residency Requirement Completion Certificate (To be provided by the Chairman of the Dept.)
16. Copy of Pre-Submission Seminar Notice
17. Copy of Pre-Submission Seminar Recommendation Report
18. Copy of Marksheet of Course-Work Examination
19. The prescribed fees of Rs _____/- has been deposited vide cash receipt No. _____ dated _____

For the Office of the Provost

All dues Clear

(Signatures with Seal/Stamp)
Provost

Hall Name: _____

<u>Department Seminar</u> All dues Clear (Signatures with Seal/Stamp)	<u>Maulana Azad Library</u> All dues Clear (Signatures with Seal/Stamp)
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