

## **Ph. D. Thesis Submission Form**

(For Office use only)

JADAVPUR UNIVERSITY

KOLKATA – 700032

Index No. \_\_\_\_\_

Date :

To  
The Secretary,  
Faculty Council of Engg. & Tech.,  
Jadavpur University

Sir,

I am a registered candidate for the Ph. D. (Engineering/Pharmacy) degree of your University and the thesis is ready for submission. I shall be obliged if you kindly permit me to submit my Ph. D. thesis. Other relevant particulars are as follows:

1. Name in full ( in block letters) :
2. Communication address
3. Title of the thesis :
4. Name & Dept. of the Supervisor/s :
5. Date of Registration :
6. Date of submission of the original Migration Certificate to the University :
7. Whether the thesis or any part thereof was submitted for any Degree / Diploma or any other academic award elsewhere : YES / NO
8. Date/s of submission of Ph. D. Programme fees :  
(Attached copy of fee submission receipt/s)

Yours faithfully,  
(Full Signature of the Candidate)

CERTIFICATE FROM THE SUPERVISOR/S AT THE TIME OF SUBMISSION OF THE THESIS

The candidate Shri / Smt. \_\_\_\_\_  
was registered on \_\_\_\_\_ and has fulfilled the residence and other  
requirements for submitting the thesis for the Ph. D. degree of this University as per rules.

The thesis is a genuine piece of research carried out by the candidate under me / our  
supervision. In my / our opinion, this is a fit piece of work for submission for the Ph. D.  
degree.

\_\_\_\_\_  
Signature of the Supervisor/s

---

OFFICE NOTE :

Verified items – 1, 3, 4, 5, 6 & 8 above. All attested copies of the Degree /  
Certificates submitted by the candidate have been verified with the originals.

Date/s of total fee for Ph. D. programme & Amount :

Date : \_\_\_\_\_

\_\_\_\_\_  
Superintendent, F.E.T. Office

---

SUPERINTENDENT, F.E.T.

Permitted to receive the thesis and other relevant documents for further  
processing.

Date : \_\_\_\_\_

\_\_\_\_\_  
Principal Secretary, F.E.T. Office

JADAVPUR UNIVERSITY  
KOLKATA – 700 032

INDEX NO.

BIBLIOGRAPHY OF DOCTORAL DISSERTATIONS

Instruction : All entries must be typewritten

Faculty of Engg. & Tech. Department \_\_\_\_\_  
Name of the Degree : Ph. D. Engg. Pharmacy.....  
Name of the Research Scholar /Candidate.....  
Fellow / Non Fellow.....  
Title of theThesis.....  
.....  
.....  
Dept. / Inst. Lab where the research was conducted.....  
.....  
Date of Registration.....  
Date of submission of Thesis.....  
Name & Complete Official address of the Supervisor/s .....  
.....  
.....  
Nationality .....

FOR OFFICE USE ONLY

Communication address of the candidate:

Name of award \_\_\_\_\_ Signature of the Candidate  
E.C. Res. No. \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_