

## CONSENT FROM SUPERVISOR

(Annexure-I)

Passport Size  
Photo  
Research Scholar

Certified that:

1. I hereby accord my consent to act as supervisor of the candidate .....  
D/S/o Sh. .... for Ph.D. in the Department of .....  
.....
2. The above candidate is not related to me
3. The following number of research scholars are pursuing their Ph.D. research with me (including this candidate) is as:-

Ph.D.		
Registered	Enrolled	Total

Date: .....

.....(Signatures)

Name of Supervisor: .....

Designation: .....

Department .....

University: .....

E-mail: .....

Submitted to-

Director Research

**CONSENT FROM CO-SUPERVISOR**  
**(Annexure-II)**

Passport Size  
Photo  
Research Scholar

Certified that:

1. I do hereby give my consent to act as Co-Supervisor of the candidate .....  
S/o Sh. .... for Ph.D. Research in the Branch .....  
..... and area/specialization .....
2. The above candidate is not related to me.
3. The following number of research scholars are pursuing their Ph.D. research with me (including this candidate) is as:-

Ph.D.		Total
R*	E**	

R\*- Registered      E\*\*-Enrolled

Date: ..... (Signatures)

Supervisor's Consent:(Yes/No)

Signature

Name of Co-Supervisor: .....

Designation: .....

Address .....

Institute/University: .....

E-mail: .....

**Approved By:**

Signature of Principal/ Director of Concerned Faculty/College/ Center  
(With Name, Signature and Seal, Where working)

**Requirement to be approved as co-supervisor:**

- a) Certificate from Co-Supervisor duly forwarded by Principal of College with office seal
- b) Ph. D degree / Notification (Provisional degree will not be accepted)
- c) Academic Certificates with self-attestation

## **CANDIDATE'S DECLARATION**

**(Annexure-III)**

I hereby certify that the work which is being presented in the thesis, entitled “\_\_\_\_\_” in partial fulfillment of the requirements for the award of the degree of Doctor of Philosophy in Department of \_\_\_\_\_ in Desh Bhagat University, Mandi Gobindgarh is an authentic record of my own work carried under the supervision of Dr. \_\_\_\_\_ (Supervisor) and Dr. \_\_\_\_\_ (Co-Supervisor).

The matter embodied in this thesis has not been submitted by me for the award of any other degree of this or any other University/Institute.

(Name of Candidate)

Regd. No. \_\_\_\_\_

This is to certify that the above statement made by the candidate is correct to the best of our knowledge.

Dr. \_\_\_\_\_

(Supervisor)

(Name & Signature)

Dr. \_\_\_\_\_

(Co-Supervisor)

(Name & Signature)

The Ph.D. Viva-Voice examination of \_\_\_\_\_ Research Scholar, has been held on \_\_\_\_\_ in my presence.

Sign. of External Examiner

**Certificate regarding Originality of Research Work**

**(Annexure-IV)**

Name of Research Scholar:

Name of Department:

Title of the Thesis:

Name of research supervisor / (co-supervisor, if any) :

I / We hereby declare that, the above mentioned research work is original & it doesn't contain any plagiarized contents. The similarity index of this research work is.....

Justification for similarity index, .....

.....

.....

Further we declare that, the contents of this Ph.D. thesis submitted to, The Department of ....., Desh Bhagat University, Mandi Gobindgarh for award of Ph.D. Degree are original findings & Research work.

- i) If any plagiarism found in this thesis I / we shall be solely responsible for it and University shall have sole right to initiate appropriate legal action.
- ii) This work has not been submitted for the award of any other Degree / Diploma in any other University / Institutes.
- iii) I / We shall be responsible for any legal dispute / case (s) for violation of any provisions of the Anti-plagiarism Policy / Copyright Act / Piracy / Cyber / IPR etc.

Date :

Place :

Signature of the Research Scholar

Signature of the Research Supervisor

Signature of the Research Co-Supervisor  
(if any)

## Synopsis Presentation Report

(Annexure-V)

Ref. No.: \_\_\_\_\_

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

**Department/ Centre:**

**Subject:** Minutes of meeting of Department Research Committee

The Department Research Committee meeting was held on \_\_\_\_\_ for evaluating the PhD Synopsis of Mr/Ms \_\_\_\_\_ with Roll No. \_\_\_\_\_.

Title of Research: \_\_\_\_\_

Following observations were made by the committee members:

Criterion	Unsatisfactory	Good	Very Good	Excellent
Originality / Innovativeness of research				
Significance of research				
Is the synopsis technically sound?				
Objective & scope of proposed research				

### **Final Recommendations:**

A) Is title of Synopsis technically correct? (YES / NO) \_\_\_\_\_

If No, Updated proposed title is “ \_\_\_\_\_ ”

### **B) Recommended**

- i. ☐ With No changes
- ii. ☐ With Minor changes

C) **Not Recommended** ( ☐ )

Other Comments (If any): \_\_\_\_\_

### **DRAC Committee: Approval/Disapproval with Signature-**

(Chairperson)

**Name:**

(Supervisor)

**Name:**

(Member)

**Name:**

(Member)

**Name:**

(Member)

**Name:**

(Member)

**Name:**

**Submitted To-**

**Director Research**

## SEMESTER PROGRESS REPORT

(Annexure-VI)

1. Faculty : \_\_\_\_\_
2. Department : \_\_\_\_\_
3. Semester : \_\_\_\_\_
4. Name of the Scholar : \_\_\_\_\_
5. Enrollment/Registration No. \_\_\_\_\_
6. Name of the Supervisor \_\_\_\_\_
7. Name of the Co-supervisor  
(If any) \_\_\_\_\_
8. Title of the Thesis : \_\_\_\_\_  
(if got registered) \_\_\_\_\_
9. Report of work done by  
the Scholar \_\_\_\_\_  
(To be filled by scholar) \_\_\_\_\_
10. Publication, if any, during  
the Previous semester (only) \_\_\_\_\_

Signature of the student

Date \_\_\_\_\_

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Comments of Committee members along with Recommendations

<**THESIS TITLE, BOLD, CENTERED, Times New Roman 16 POINT**>

**A**

**Pre- Thesis**

*Submitted*

in Partial Fulfillment of the Requirements

for the Degree of

**Doctor of Philosophy**

**In The**

**Department/Center of** \_\_\_\_\_

By

**Name of Candidate**

**Regd. No. -** \_\_\_\_\_

**Under Supervision of:**

**Dr.** \_\_\_\_\_

to the



**Faculty/Center of** \_\_\_\_\_

**DESH BHAGAT UNIVERSITY, MANDI GOBINDGARH**

**Year**

## Pre-Thesis Presentation Report

(Annexure-VIII)

(To be filled at the time of presentation)

**Date of Presentation:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

1. Name of the Scholar : \_\_\_\_\_
2. Registration No. : \_\_\_\_\_
3. Department : \_\_\_\_\_
4. Title of Research Work : \_\_\_\_\_  
 (In capital letters) \_\_\_\_\_

5. Name of Supervisor : \_\_\_\_\_

6. Name of Co-Supervisor (if any): \_\_\_\_\_

### **Evaluation Summary**

1	Are research objectives clearly achieved (Yes/No)	
	If No, please suggest improvements	
2	Is methodology of the research work is appropriate (Yes/No)	
	If No , please suggest changes in the methodology	
3	Is quality of work done acceptable? (Yes/No)	
4	Any additional comments/Suggestions	
5	Is topic recommended for thesis submission? ( Yes/ No)	

### **DRAC Committee: Approval/Disapproval with Signature-**

(Chairperson)

(Supervisor)

(Member)

**Name:**

**Name:**

**Name:**

(Member)

(Member)

(Member)

**Name:**

**Name:**

**Name:**

**Submitted To -**

**Director Research**

# Thesis Format

(Annexure-X)

<THESIS TITLE, BOLD, CENTERED, Times New Roman 16 POINT>

**A**

**Thesis**

*Submitted*

in Partial Fulfillment of the Requirements

for the Degree of

**Doctor of Philosophy**

**In the**

**Department/Center of** \_\_\_\_\_

By

**Name of Candidate**

**Roll. No. -** \_\_\_\_\_

**Under Supervision of:**

**Dr.** \_\_\_\_\_

to the



**Faculty/ Center of** \_\_\_\_\_

**DESH BHAGAT UNIVERSITY, MANDI GOBINDGARH**

**Year**

## Thesis Presentation Report

(Annexure-XII)

(To be filled at the time of presentation)

Date of Presentation: \_\_\_\_\_

Venue: \_\_\_\_\_

1. Name of the Scholar : \_\_\_\_\_
2. Registration No. : \_\_\_\_\_
3. Department : \_\_\_\_\_
4. Title of Research Work : \_\_\_\_\_  
(In capital letters) \_\_\_\_\_  
\_\_\_\_\_
5. Name of Supervisor/s : 1. \_\_\_\_\_  
2. \_\_\_\_\_

Comments of the Examiner (if any):

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Recommended for Award of Degree (Yes/ No): \_\_\_\_\_

Signature of External Expert

Name of External Expert : \_\_\_\_\_

Designation : \_\_\_\_\_

Institute/University : \_\_\_\_\_

Email Id : \_\_\_\_\_

Contact No. : \_\_\_\_\_