

DOCTORAL THESIS: FINAL THESIS SUBMISSION FORM

Name of the Candidate:	
Roll Number:	Date of Joining:
Department:	School:
Name of Research Advisor: 1. _____ 2. _____	Name of Co-Advisor (If Any) 1. _____ 2. _____
Title of Thesis:	
Date of Synopsis Presentation:	Date of Oral Examination:
Date of Submission of Thesis for Evaluation:	
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The following documents are being submitted with this form.

1. Oral examination report
2. Three hard bound copies of thesis prepared and signed per Shiv Nadar University norms is being submitted along with this form.
3. Two CDs with the soft copy of the thesis along with the duly signed digital archiving consent form, authentication certificate and metadata form is being submitted
4. No Dues, certificate in the prescribed form (if not submitted before)

Signature of the Scholar

Signature of Research Advisor

Place : _____

Place : _____

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The above mentioned documents have been submitted to the Research Office.

Signature of the Dean-Research & Partnerships