



INTEGRAL UNIVERSITY, LUCKNOW
(Ph.D. Thesis Submission Form)

1. Name of Candidate:
2. Department:
3. Faculty:
4. Enrollment No. & Date of Registration:
5. Name of Supervisor:
6. Name of Co-Supervisor(s), if any:.....
7. Title of the Thesis:
.....
8. No. of research paper(s) published (Attach copies of complete publications):
9. I undertake that the remaining research work of thesis will be published within a period of 1 year with the due credit to the Integral University and its Supervisor(s)
10. I certify that no figures/tables have been reproduced in the thesis without permission from the respective copyright owners.
11. I hereby submit 1 copy each of the spiral bound thesis, summary & a soft copy of the thesis on CD.

Date: _____ **Signature of the Candidate** _____

12. Recommendation (Boxes not to be left empty. Either tick or cross the boxes.)
- Certified that all necessary approved objectives have been completed.
 - Recommended for Thesis Submission.
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- Plagiarism checkCertificate of Supervisor Yes No
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