



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

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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.)
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