

## 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 /accepted with MCN (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 cre	dit to the Integral
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11.	I hereby submit 1 copy each of the spiral bound thesis, summary & a soft copy of the thesis on CD.	
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To l	be filled by the Supervisor(s)	
12.	Recommendation (Boxes not to be left empty. Either tick or cross the boxes.)	
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