**LIST OF PROFORMA’S (M. Phil/Ph.D.)**

|  |  |  |
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Dispatch No……………..…. Date:..........................

##### Application Form for Course work for Ph.D. Programme

***(To be submitted before starting of course work)***

Name of the Department : Name of the Student : Scholar No. :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| UG Degree | | | PG Degree | | |
| Discipline & Name of Degree | Year of passing | % of marks | Discipline & Name of Degree | Year of passing | % of marks |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Any other Degree :

Proposed Title/ Area :

Proposed Supervisor(s) :

Name Designation Deptt. Sign.

Name Designation Deptt. Sign.

**Proposed course work (as par norms)**

|  |  |  |  |
| --- | --- | --- | --- |
| S.No. | Name of Subject | Subject Code | Credits |
| i. |  |  |  |
| ii. |  |  |  |
| iii. |  |  |  |
| iv. |  |  |  |
| v. |  |  |  |
| **Total Credits:** | | |  |

I hereby undertake to abide by all rules, regulation, norms and all academic requirements of the Institute as applicable from time to time.

**(Signature of Candidate with date)**

Department of :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispatch No……………..…. Date:..........................

**PROFORMA FOR CONSTITUTION OF DRC**

The following panel of experts is being submitted for approval for the constitution of DRC:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. |  | Name | Designation | Specialization | Signature |
| 1. | Dean,(Research) |  | Chairperson |  |  |
| 2. | Dean, Faculty of …………………… |  | Convener |  |  |
| 3 | Professor/Assoc Professor 1 |  | DRC Member |  |  |
| 4 | Professor/Assoc Professor 2 |  | DRC Member |  |  |
| 5 | Expert Other Faculty |  | DRC Member |  |  |

**Submitted through**

**Dean, Faculty of ……………………………………..**

**Dean (Research) Vice -Chancellor**

Department of :

Dispatch No……………..…. Date:..........................

**DRC EVALUATION REPORT**

**(Constitution of DRC as per Ph.D. Ordinance)**

Date:

**Name of the Ph.D. Candidate** :

**Scholar No.** :

**Date of Admission** :

**DRC Approval No.** : Date:

**Registration fee paid (current Sem.)** : Yes/ No (enclosed the receipt)

**Ph.D. Topic** :

:

**Supervisor Allotted** :

**Recommendation/ Suggestion of DRC:**

Dean (Research) Convener DRC

DRC Member DRC Member

Dispatch No……………..…. Date:..........................

**PROFORMA FOR CONSTITUTION OF RRC**

(Research & Recognition Committee (RRC) for Ph.D. Candidate)

**Name of Candidate** :

**Scholar No.** :

**Department** :

**Date of Registration** :

**Name of Guide(s)** :

Course work completed Yes/No CGPA:

(Attach copy of Mark-sheet)

Certified that the candidate has completed the required course work and seminars. His/ Her RRC is to be constituted. The following panel of experts is being submitted for approval:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. |  | Name | Designation | Specialization | Signature |
| 1. | Name of Supervisor-1 |  | Convener |  |  |
| 2. | Name of Supervisor-2 (If Any) |  | Co-Convener |  |  |
| 3 | Faculty Member |  | Member |  |  |
| 4 | Faculty Member |  | Member |  |  |

Encl: 1. Copy of Mark-sheet

* 1. Admission letter

**Dean, Faculty of ………………………. Dean (Research)**

**M. Phil/Ph.D**

**Interview**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email. id :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Research : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Name the institute/Organization where research experiments/practical will be carried out. (in case of faculty of Science/Engineering/Pharmacy/Medical/Nursing)
2. Why did you choose this program?
3. Is your research project sponsored by the organization you work with? Yes/No. If yes, please state the nature of sponsorship.
4. Your academic /research experience in years of relevant area?
5. Number of Publications in referred journals, if any?

6. Why are you motivated to pursue a Ph.D.?

7. Why you choose this University?

8. What methodology will you follow for doing your Ph.D.?

9. What you expect after completion of your Research?

10 HOW will this Ph.D. open the *door* for your future ambitions and aspirator's?

11. Have you done preparatory *work* for your proposed research? Yes/ No. if yes, give details. '



I confirm that I shall abide all terms and conditions Paid down by the University presently and amended From time to time.

(Ph.D. Scholar)

**CONSENT LETTER FROM GUIDE**

**M. Phil/Ph. D.**

**I Dr………………………………………………………………………….……Department of……..………..….. in …………………………..………………. ………College/University here consent to guide/ supervision Ms./Mr./Mrs.…………………………..……………......**

**S/D/W/o ………………………………………. for Master/Doctor of Philosophy (M. Phil/Ph.D.) degree in faculty…………………… in subject……………………. for OPJS University, Churu**

**I will abide the Ph.D. Ordinance of OPJS University and have the vacant seat of number of scholar as UGC prescribed standard norms.**

**The details are as under-**

**Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father/Husband Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Topic of Proposed Research:-**

**Signature of Guide**

**(With Seal)**

**Date: -----------------------**

**The President,**

**OPJS University**

**Rawatsar – Kunjla**

**Rajgarh –Jhunjhunu Road**

**Rajgarh (Sadulpur)**

**Churu**

**Submitted through the Guide**

**Sub: Progress report of Ph.D. Research Work**

**(To be submitted every six months)**

**Sir,**

1. **I am the Ph.D. scholar of the University. My details are given as under:**
2. **Name of the scholar: ----------------------------------------------------------------------------**
3. **Name of the Guide : ---------------------------------------------------------------------------**
4. **Registration No. :-------------------------------------------------------------------------------**
5. **Date of registration : ------------------------------------------------------------------------------**
6. **Subject : -----------------------------------------------------------------------------------**
7. **Title of Research : -------------------------------------------------------------------------------**

**------------------------------------------------------------------------------------------------------------**

1. **Place of Research Centre where research is carried out: -------------------------------**
2. **Attached following report in separate seat with guide signature:**
3. **Chapter-wise progress done as on:**
4. **Proposed plan for completing the remaining research work;**
5. **Details of field visit, if any:**
6. **Details of laboratory work done, where necessary:**
7. **No. of hours interacted with the Guide: Attendance certificate from the Guide**

**Yours faithfully,**

**Research Scholar**

**Certificate from the Guide**

This is to certify that **Mr. /Mrs. /Ms. -----------------------------------------,** Research Scholar, has interacted with me for --------------- hours for his/her Ph.D. research work during the period from ------------to---------------- at ----------------------------------------------------------------------------------------------- . I further certify that the information given by him/her as mentioned above/attached is true and correct and that the research in the subject matter has been done by him/her under my supervision and guidance and its validity has been tested by me and it has been done in accordance with the guidelines issued by the UGC and the university from time to time.

**Date: -------------------- Research Guide**

**(C.) Remarks by Research Committee**

Dispatch No……………..…. Date:..........................

**COVERING LETTER FOR SUBMISSION OF SYNOPSIS**

***(Synopsis to be submitted after 2 ½ years for full time and 3 ½ years for part time from the date of Admission)***

Department : ............................................................................

Subject: **Forwarding of Synopsis of Ph.D.**

The pre thesis submission seminar of the following Ph.D research scholar is completed

|  |  |  |
| --- | --- | --- |
| **Scholar No.** | **Name of the Candidate** | **Name of Supervisors** |
|  |  | 1.  2. |

Date of Admission.......................... Ph.D Full Time /Part Time.............................

With / Without Scholarship. ..................................................

The following documents are forwarded

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N** | **Event** | **Attached Yes /No** | **Remarks (Annexure No.)** |
| 1. | Confidential envelope containing proposed list of examiners with full mailing address including email and phone no. ***(5 referees from State and 5 from other state, as per Ph.D Ordinance)*** |  |  |
| 2. | Certificate from Supervisor regarding completion of curse  work and Seminar ***(Proforma )*** |  |  |
| 3. | Copy of Registration letter |  |  |
| 4. | Copy of Paper published in Journals |  |  |
| 5. | Extension letter (if any)  ***(Required after completion of 5 years)*** |  |  |
| 6. | Five copies of Synopsis |  |  |

Submitted for approval of experts for final examination, and necessary action.

**Scholar Supervisor(s)**

**To Date …………**

**The Registrar**

**OPTS University , Churu (Raj.)**

**Subject- Regarding Pre Submission Presentation of-Thesis**

**Sir/Madam**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registered as Supervisor in Your University and my Reg.**

**No is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I forward the thesis for Pre Submission Presentation of my student. The detail of my student is as follows.**

**Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reg. No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subject :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Research Center :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Thesis :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You arc requested to arrange the same**

**Thank You**

**(Name & Signature of Candidate) (Name & Signature of Supervisor)**

**With stamp**

**EXAMINER REPORT ON Ph.D. THEIS**

**Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No.-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty/Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please tick Yes/No, as the case may be)**

1. # **The thesis is recommended for award of Ph.D. Degree Yes No**
2. ## **The thesis be revised as detailed below Yes No**

1. **The thesis be rejected Yes No**

Date: ……………………… (Signature of the Examiner With Stamp)

Place: …………………….. Full name & Address

………………………………

**Note-**

# Thesis requiring only minor revision/s should also be covered in this category and suitable remarks detailing minor revision/s required, is/are to be enumerated.

## Thesis requiring only major revision/s should be covered in this category and suitable remarks detailing the major revision/s required is/are to be enumerated.

**Detailed Report of Ph.D. Thesis**

**The examiner is requested to give his/her report covering the following points-**

1. Research work should an original contribution to knowledge/understanding in its field
2. Research work should meets internationally recognized standards for doctoral research in its field.
3. Research work should demonstrates knowledge of literature relevant to the field to which it belongs, and the ability to exercise critical and analytical judgment of that literature
4. Research work must be satisfactory in its method, language in the quality and coherence of its expression, and in its scholarly presentation and format

**Note: Examiner can use the additional Pages to write the detailed report. Every page should having the name, designation, signature and stamp of examiner.**

**Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No.-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty/Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Space for Report:**

(Signature of the Examiner with stamp)

Name

Designation

**Attendance Sheet of the Candidate for Ph.D. Viva-Voce Examination**

Date ……………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.no | Ph.D Scholar Name | Reg.No | Subject | Year | Signature |
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| --- | --- | --- |
| Signature  (Supervisor) | Signature  (Research director) | Signature  (Examiner External) |

**Attendance of the Audience in the Ph.D Viva-voce Examination**

Name of the Scholar:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reg. No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date ……………

|  |  |  |  |
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| S. No. | Name Designation/Institute/University Signature | | |
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|  |  |  |
| --- | --- | --- |
| Signature  (Supervisor) | Signature  (Examiner Internal) | Signature  (Examiner External) |

**Ph.D. THESIS VIVA EVALUATION REPORT**

Name of Scholar:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg.No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Viva-Voce:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub/Dep:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments & Recommendations of examiners:**

**Date……………… Examiner External**

**(Signature with Seal)**

**Name:**

**Recommendations of other Examiners:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Name of Examiner | Designation | Supervisor/ Director/  DRC member | Signature |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**HONORARIUM BILL FOR EXAMINER**

**Title of Thesis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Name of Candidate (In Capital Letters)** | **Reg. No. / Enroll. No** | **Department/Faculty** |
|  |  |  |

**Examiner Detail**

|  |  |  |
| --- | --- | --- |
| **Name of Examiner**  **Mob.-**  **E-mail-** | **Corresponding Address** | **Bank Detail** |
| **----------------------------------------------**  **---------------------------------------------**  **--------------------------------------------**  --------------------------------------------- | **Title of A/c-**  **Bank Name –**  **A/c No.-**  **IFSC Code-** |

**Details of Honorarium:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N** | **Description** | **Amount (INR)** | **Amount to be claimed** |
| **1** | **Evaluation & Reporting of Ph.D. Thesis** | **2000/-** |  |
| **2** | **Viva-Voce – Ph.D./ D.Litt./ D.Sc.** | **1000/-** |  |
| **3** | **Contingency (attach postal receipts) If any** |  |  |
| **4** | **Evaluation & Reporting of D.Litt./ D.Sc. Thesis** | **3000/-** |  |
|  | **Rupees in words-** |  |  |

**Date- Signature of External Examiner**

**PAN No.**

**The above information is found to be correct and passed for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by Registrar**

**Check List for Thesis Submission**

**Name of Scholar :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name ofSupervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Admission :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reg./Roll. No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thesis Submission Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Thesis: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**List of documents put in file are as follows:**

1. Application Form & Filled with all relevant documents
2. Interview Letter
3. Original Migration
4. Lab Letter (if Applicable)
5. Guide Consent Letter
6. Six Monthly Progress Reports
7. Assignment
8. Course Work Certificate
9. DRC (Registration) Letter
10. Synopsis Hard Copy -3
11. Conference Certificate
12. Publication No. —Two (with ISSN NO
13. Summary (Page Ilmit-30 ) Hard Copy -3
14. Plagiarism Report as per UGC Guidelines
15. Pre Submission Presentation form Report
16. No-Dues Certificate
17. Affidavit (On 100 Rs Stamp and Notary Attested)
18. Thesis Hard Copy 6
19. Covering Letter For Thesis Submission
20. NOC From organization/ Institute
21. Soft Copy- **2 (In PDF & Word Formate)**

A- Synopsis with PPT

B -

* 1. Summary
  2. Thesis with PPT
  3. Conference Certificate
  4. Publication No. —Two (with ISSN NO)
  5. Synopsis

Dispatch No……………..…. Date:..........................

**PROFORMA FOR APPROVAL OF SEMINAR EXPERT**

**Name of Candidate** :

**Scholar No.** :

**Department** :

**Date of Registration** :

**Name of Guide(s)** :

The following panel of experts is being submitted for approval, conducting seminar of Ph.D. Candidate:

|  |  |  |
| --- | --- | --- |
| **A. Expert Internal to the Department** | | |
| S.No. | Name & Designation | Specialization |
| 1. |  |  |
| 2. |  |  |

**B. Expert External to the Department**

|  |  |  |  |
| --- | --- | --- | --- |
| S.No. | Name & Designation | Department | Specialization |
| 1. |  |  |  |
| 2. |  |  |  |

**Name & Signature of Supervisor(s)**

Encl: 1. Admission letter

Dispatch No……………..…. Date:..........................

**EVALUATION FORM FOR Ph.D SEMINAR**

**Name of Candidate** :

**Scholar No.** :

**Department** :

**Seminar No. (I/II)** :

**Date of Seminar** :

**EVALUATION by SUBJECT EXPERTS**

|  |  |  |  |
| --- | --- | --- | --- |
| S.No. | Evaluation Criteria | Maximum Marks | Marks Awarded |
| 1 | Topic its importance and Relevance | 15 |  |
| 2 | Material Presented   1. Content of the Material 2. Flow/Sequencing 3. Depth / Analysis | 15  10  10 |  |
| 3 | Literature / Relevance | 15 |  |
| 4 | Presentation   1. Methodology 2. Figs./ Tables/ Charts 3. Audiovisual Aids | 05  10  05 |  |
| 5 | Discussions | 15 |  |

Total Marks Obtained (out of 100)

Signature of Supervisor(s) Signature of Subject Experts

Name: Name:

Designation: Designation:

Dispatch No……………..…. Date:..........................

##### Ph.D THESIS SUBMISSION FORM

***(Thesis will be accepted after 3 years for full time and 4 years for part time from the date of Admission.)***

Registration No. ........................... Date of Admission …………………

Department ………………………………… Full Time /Part Time:………………………

1. Name of Candidate:.........................................................................................................

2. Father’s/Husband’s Name:................................................................................

3. Course Work Result;............................ Cleared on Dt./Year...................

4.Name of Supervisor’s 1. ...........................................

2..............................................

5. Fee Receipt No. ...................... Date.....................Amount.:………………No dues( )

6. DRC Order No: ......................................................Date: .......................

7. Date of Pre – thesis/Synopsis Submission: ...................................................

***(THESIS to be submitted only a*fter 1 month and before six months of submission of Pre Thesis /Synopsis)**

1. Migration Submitted / Not submitted: ................................................................
2. Credits to be transferred from other approved Institute/University approved by Director Vide order No. ...................................................... dated. ....................

(Documents in support to be enclosed if applicable)

1. Students transferred from other Institute / University approved by Director Vide order No. ............................................................................. dated. ....................

(Documents in support to be enclosed if applicable)

**List of enclosure:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N** | **Event** | **Attached**  **Yes /No** | **Remarks** |
| 1. | Fee receipt and Exam Form |  |  |
| 2. | No dues certificate |  |  |
| 3. | Extension letter (if required) |  |  |
| 4. | Certificate of Title, Plagiarism, Undertaking (Supervisor & HOD) |  |  |
| 5. | 6 copies of Thesis with Soft Copies |  |  |

The particulars given above are true to the best of my knowledge. I shall be responsible in case any of them being found to be incorrect at any point of time. I shall be liable for any punishment /action taken by the University. In light of above kindly grant me permission for submission and evaluation of the thesis.

Name:..................................................... Signature of Candidate

Registration No. :……………………………. Date:

Name and Signature of Supervisor:

.....................................

Signature of HoD/Dean of concerned Faculty :

.......................................

**RECEIPT**

Received the Thesis from Mr./Ms. .............................................................

Registration No. for evaluation and viva-voce.

Based on the above information/documents the candidate is eligible to submit the thesis.

Date:

Signature

In-charge (Research)

Signature

Director (Research

Dispatch No………. ………………. Date:..................

Department : ..................................................

***CERTIFICATE OF PLAGIARISM***

This is to certify that the Ph.D. Thesis entitled “ .................................................................................

.................................................................................................................................................” is a piece of research work carried out by Mr/ Ms. ............................................................ Registration No....................................... under my guidance and supervision for the degree of Doctor of Philosophy from the Department of ......................................................................... OPJS University , Churu, India

To the best of my knowledge and belief this is to certify that:

Prima face this thesis can be considered for the award of the degree,

Thesis does not contain any work which has previously submitted for the award of any other degree.

Percentage of plagiarism is ………………………………………(max 10% ). Please check report is enclosed for reference.

This thesis work:

* + 1. Has not been carried out in collaboration with any other organization.
    2. Has been carried out in collaboration with M/s……………………………………….…

**(Specify type and work done under collaboration and the binding if any)**

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……………………………………………………………………………………………

Signature :

Name of the Candidate:

Signature: Signature:

Name of Supervisor(s) : Name of Supervisor(s) :

**Countersigned by**

Signature : Signature :

Name : Name :

Department : HOD, Department:

(DRC Coordinator)

***(Original to be submitted along with Thesis)***