

## **ASSAM UNIVERSITY, SILCHAR**

(A Central University established in 1994)

## FORMAT FOR SUBMISSION OF Ph.D. THESIS

(TO BE SUBMITTED IN TRIPLICATE AND FILLED IN BLOCK LETTERS)

1.	NAME OF THE SCHOLAR	:		
2.	NAME OF THE DEPARTMENT	:		
3.	NAME OF THE SCHOOL	:		
4.	NAME OF THE DEAN	:		
5.	(A) NAME AND DESIGNATION OF	:		
	SUPERVISOR	:		
	(B) NAME & DESIGNATION OF THE	:		
	CO-SUPERVISOR, IF ANY	:		
6.	UNIVERSITY REGISTRATION NO. & YEA	R :		
7.	Ph.D. REGISTRATION NUMBER & YEAR	:		
8.	PRE-SUBMISSION SEMINAR HELD ON			
	(ENCLOSE COPY OF SEMINAR REPORT)			
9. (	A) TITLE OF THE THESIS	:		
(1	B) SYNOPSIS RECOMMENDED BY BPGS C (Give reference) C) SYNOPSIS RECOMMENDED BY SCHC BOARD ON (Give reference) D) SYNOPSIS RECOMMENDED BY BRS OI (Give reference) E) REFERENCE OF AC APPROVAL	OOL :		
(	F) REFERENCE OF EC APPROVAL	:		
10. 11.	G) TITLE REGISTRATION (NOTIFICATION NO. AND DATE) EXTENSION, IF ANY (DATE UP TO) (Give reference of BRS approval) TITLE OF THE THESIS MODIFIED, IF AN' (Give reference of BRS approval) FEES PAID ON (Enclose money receipt)	: Y :		
13.	THESIS SUBMITTED TO HOD ON	:		
	UNTER SIGNATURE OF THE SUPERVISO	OR	SIGNATURE OF THE SCI	HOLAR
То	•			
THE	E HEAD, DEPARTMENT OF:			

## TO BE SUBMITTED BY THE DEPARTMENT TO THE DEAN OF SCHOOL

1.	REFERENCE OF THE PANEL OF EXAMINERS		
	(A) APPROVAL OF THE SCHOOL BOARD ON (Give reference):		
	(B) APPROVAL OF BRS ON (Give reference)	:	
	(C) APPROVAL OF EXECUTIVE COUNCIL ON (Give 1	e reference):	
	RECOMMENDED AND FORWARDED TO	:	
	THE DEAN (Vide memo No.)	:	
C	OUNTER SIGNATURE OF THE SUPERVISOR	HEAD OF THE DEPARTMENT	
D.	ATE:	DATE:	
	ECOMMENDED & FORWARDED TO THE COMMENDED & FORWARDED TO THE COMMENDED & FORWARDED TO THE COMMENDED TO THE COMMEND TO THE COMMENDED TO THE COMMEND TO THE	NTROLLER OF EXAMINATIONS  DATE:	
TC	)		
TH	HE CONTROLLER OF EXAMINATIONS:		
		DEAN OF THE SCHOOL	
		DATE:	
N.B.:	One copy be sent with thesis to the COE. One copy be given to the candidate. One copy be retained in the file of the office.		