



# SARDAR PATEL UNIVERSITY

VALLABH VIDYANAGAR- 388 120 (GUJARAT) INDIA

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Phone : 91-02692- 226807

**Date :**

To,  
The Registrar (ACADEMICS)  
Sardar Patel University  
Vallabh Vidyanagar

I, the undersigned, apply for obtaining the Certificate for Ph.D. Programme in light of UGC Notification (3rd Amendment) dated 04/05/2016 having the following credentials:

1.	Name	:	
2.	Department/College	:	
3.	Faculty	:	
4.	<b>Ph.D. details</b>	:	
	a. Registration number	:	
	b. Date of Registration	:	
	c. Date of Award of Ph.D. degree	:	
	d. Name of the Guide	:	
	e. Title of the thesis	:	
	f. Details of Research Papers published two research papers from his/her Ph.D. work out of which at least one must be in a referred journal.		
	1. Title of Paper	:	
	Authors (In the sequence given the Paper)	:	
	Whether Refereed? [Yes/No]	:	
	Whether Indexed? [Yes/No]	:	
	ISSN and Impact Factor, [If any]		
	Name of the Journal	:	
	Volume	:	
	Page number	:	
	Year	:	

	2.	Title of Paper	:	
		Authors (In the sequence given the Paper)	:	
		Whether Refereed? [Yes/No]	:	
		Whether Indexed? [Yes/No]	:	
		ISSN and Impact Factor, [If any]		
		Name of the Journal	:	
		Volume	:	
		Page number	:	
		Year	:	
		g.	Details of Papers PRESENTED in Conference/Seminar/Symposium ONLY related to the Ph.D. work (Please furnish the details for ONLY TWO Papers)	
	1.	Title of Paper	:	
		Author	:	
		Type of Presentation Oral/Poster	:	
		Whether you are 'Presenting Author?' [Yes/No]	:	
		Title of Conference	:	
		Seminar/Symposium	:	
		Organizers	:	
		International/National/State	:	
	2.	Title of Paper	:	
		Author	:	
		Type of Presentation Oral/Poster	:	
		Whether you are 'Presenting Author?' [Yes/No]	:	
		Title of Conference	:	
		Seminar/Symposium	:	
		Organizers	:	
		International/National/State	:	
5.	Ph.D. Degree of the candidate awarded in regular mode only. (Yes/No)			:
6.	Evaluation of the Ph.D. thesis by at least two external examiners. (Yes/No)			:
7.	Open Ph.D. Viva-Voce of the candidate had been conducted. (Yes/No)			:

I declare that the information provided hereinabove is true to the best of my knowledge. If any information is found incorrect, I shall be liable for suitable action as deemed fit by the university.

Place :

Date :

(Signature of an Applicant with the Name)

Address:

(Signature of Guide with the Name)

Mobile number:

e-mail ID :

(Signature of Chairman DRC with the Name)

(Signature of HOD with the Name)

**(Note : Suitable documentary self-attested copies of evidences to be produced in support of the above given information.)**

Enclose following documents with this application

- 1) Copy of Registration certificate
- 2) Copy of Notification for Ph.D.
- 3) Copy of Degree Certificate for Ph.D.
- 4) Copy of Title page of Thesis
- 5) Copy of required research papers
- 6) Copy of required workshop/seminar certificate
- 7) Any other