



SARDAR PATEL UNIVERSITY

VALLABH VIDYANAGAR- 388 120 (GUJARAT) INDIA

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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. | Ph.D. details | : | |
| | 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