

**CERTIFICATE**

(From the Head of the Institute on official letterhead)

This is to certify that Ms/Mr ..... is a full-time Ph.D. student working in the Department / School of....., under the supervision of Prof. / Dr. .... His/Her Ph.D. proposed thesis title is ..... and his/her Ph.D. registration has been confirmed with effect from .....

The college / University assumes full responsibility for handling funds, submitting Reports, UC., and Statements of Expenditure, and returning the unutilised funds, if any.

Signature:

Name:

Designation: