**ANNEXURE 1 (Format of Cover & title Page)**

**TITLE OF THE THESIS**

(Center, size 20, Book Man Style)



A Thesis Submitted

(Center, size 14, Times New Roman

In Fulfillment of the Requirements

For the Degree of

**DOCTOR OF PHILOSOPHY**

(Center, Bold, size 14, Times New Roman, Upper case

**IN**

 **NAME OF DEPARTMENT/SUBJECT**

If Faculty and department differs, then both are mentioned otherwise Faculty of is sufficient

**FACULTY OF ……………..**

**[NAME OF CONSTITUENT UNIT……]**

**By**

**Name of Candidate**

**(Enrolment No: …………………..)**

**Under the Supervision of**

**(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Designation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**And**

**Co – Supervision of (if any)**

(Center, Bold, Size 14, Times New Roman

**(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department / Faculty/ Name of Organisation…………………………..**

Year of submission (Center, Bold, 20 size, Times New Roman

**Year of Submission…………….**

(Center, Bold, 22 size, Times New Roman,

Size 9 for remaining text

**MANDSAUR UNIVERSITY, MANDSAUR**

SH 31,Bypass square, Rewas Dewda Road, Mandsaur, Madhya Pradesh- 458001.

Website: [www.mandsauruniversity.edu.in](http://www.mandsauruniversity.edu.in), Email: phd@meu.edu.in

Ph. No. 09752122999, 09425924111. Fax: 07422-239111

**Side Heading of Thesis**



Bold, Times New Roman, Size as per Length of thesis

**Annexure 2**



**CERTIFICATE**

Bold, Size 18, Times New Roman,

Certified that **Name of student (enrollment no.....)** has carried out the research work presented in this thesis entitled "**Title of Thesis ................................** ..... “for the award of Doctor of Philosophy from Mandsaur University, Mandsaur under my supervision. The thesis embodies results of original work, and studies are carried out by the student himself/ herself (print only that is applicable) and the contents of the thesis do not form the basis for the award of any other degree to the candidate or to anybody else from this or any other University/Institution.

Size 12, Times New Roman,

Signature

(Name of Supervisor)

(Designation)

(Address)

 Date:

**Note-** if there is Co-supervisor, then sign separate certificate on his/her letter pad.

**Ph.D. OFFICE**

The Ph.D. Final Viva-Voce Examination of Mr./Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Research Scholar, has been held on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seal & Sign of Ph.D. Research Cell**

Bypass Square, Rewas Dewda Road, S H 31, Mandsaur-458001

Contact: 09752122999, 09425924111Website: [www.mandsauruniversity.edu.in](http://www.mandsauruniversity.edu.in), Email: infor@mandsauruniversity.edu.in.

**Annexure 3**

**(Declaration to be given by the Candidate on a non judicial Stamp paper of Rs 100/- and verified by a Notary)**

Bold, Size 18, Times New Roman,

**DECLARATION**

I **Name of Scholar, Enrollment No**……………….. *s/o* Father’s Name *R/o*…………………..**Address**…………………………………………………………………… solemnly affirm under oath that this Ph.D. Thesis entitled “…………………”was carried out by me for the degree of Doctor of Philosophy in Faculty of …… (Dept)…… under the guidance and supervision of Dr…………………., Faculty of …………………, Department of …………….., Mandsaur University, Mandsaur, MP.

Size 12, Times New Roman,

1. My above mentioned Name and Address is Correct.
2. I have carried out plagiarism check on my Ph.D. thesis using URKUND (Provided by MHRD) available at Mandsaur University and permissible limit of plagiarism is found then none of my guide or anybody else shall be responsible. Only, I shall be responsible for it.
3. The interpretations are based on my reading and understanding of the original texts and they are not published anywhere in the form of books, monographs or articles. The other books, articles and websites, which I have made use of are acknowledged at the respective place in the text.
4. For the present thesis, whichever I am submitting to the Mandsaur University, no degree or diploma or distinction has been conferred on me before, either in this or in any other University.

Deponent

VERIFICATION

Verified on date……………. at Mandsaur that all the statement made by me under point 1 to 4 are true are true to the best of my knowledge and belief.

Place: Name of Research Scholar

 Enrollment No.

Date:

**Annexure 4**

**MANDSAUR UNIVERSITY, MANDSAUR**

**CERTIFICATE OF PRETHESIS SUBMISSION**

(To be submitted in duplicate)

1. Name .............................................................................................................................................

2. Enrollment No. ..............................................................................................................................

3. Thesis title: ....................................................................................................................................

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

4. Degree for which the thesis is submitted: .....................................................................................

5. Faculty (Department): (of the University to which the thesis is submitted)

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

6. Thesis Preparation Guide was referred to for preparing the thesis. YES/NO

7. Specifications regarding thesis format have been closely followed. YES/NO

8. The contents of the thesis have been organized based on the guidelines YES/NO

9. All sources used have been cited appropriately. YES/NO

10. The thesis has not been submitted elsewhere for any degree. YES/NO

11. The supervisor of research scholar has submitted forwarding / approval YES/NO

 / No Objection Certificate pertaining to attendance, progress of work and

 Scholar for final thesis submission.

12. Submitted one copy of spirals bound thesis and one CD. YES/NO

13. Research scholar and supervisor have submitted 05 six monthly YES/NO

 Progress reports.

14. Research scholar has submitted summary report of his final thesis in 01 hard copy. YES/NO

15. Research scholar has submitted acceptance or/and publications of minimum YES/NO

 Two research papers on Ph. D. work in journals as per University guidelines.

16. Research scholar has submitted proof of research papers presented YES/NO

 in national / international seminar / conferences on his Ph. D. research work.

17. Research papers are verified by guide as per MU & UGC Norms YES/NO

18. Research scholar has submitted undersigned application for Prethesis YES/NO

 Presentation and Submission forwarded through supervisor

(Signature(s) of the Supervisor(s) (Signature of the Candidate)

Name(s)………………………. Name

 Enrollment No……………………..

**Ph.D Coordinator Seal & Signature**

**Annexure 5**

**MANDSAUR UNIVERSITY, MANDSAUR**

**CERTIFICATE OF FINAL THESIS SUBMISSION**

(To be submitted in duplicate)

1. Name .............................................................................................................................................

2. Enrollment No. ..............................................................................................................................

3. Thesis title: ....................................................................................................................................

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

4. Degree for which the thesis is submitted: ……………………………………………………….

5. Faculty (Department): (of the University to which the thesis is submitted) ……………………

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

6. Thesis Preparation Guide was referred to for preparing the thesis. YES/NO

7. Specifications regarding thesis format have been closely followed. YES/NO

8. The contents of the thesis have been organized based on the guidelines YES/NO

9. All sources used have been cited appropriately. YES/NO

10. The thesis has not been submitted elsewhere for a degree. YES/NO

11. Research scholar has made corrections, suggested by expert panel during YES/NO

 Prethesis presentation in his final thesis and checked by supervisor.

12. Submitted four hard bound spiral copies and one CD. YES/NO

13. The thesis has been prepared without resorting to plagiarism. YES/NO

(Signature(s) of the Supervisor(s)) (Signature of the Candidate)

Name(s)………………………. Name

 Enrollment No……………………..

**Ph.D Coordinator Seal & Signature**

**Annexure 6**

**MANDSAUR UNIVERSITY, MANDSAUR**



**COPYRIGHT**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hear by declare that the Mandsaur University Mandsaur, Madhya Pradesh shall have the rights to preserve, use and disseminate this dissertation/thesis entitled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in print or electronic format for academic / research purpose.

Date:

Signature of the Candidate

Place:

**Annexure 7**

**MANDSAUR UNIVERSITY, MANDSAUR**

SH 31,Bypass square, Rewas Dewda Road, Mandsaur, Madhya Pradesh- 458001.

Website: [www.mandsauruniversity.edu.in](http://www.mandsauruniversity.edu.in), Email: Ph.D.@mandsauruniversity.edu.in

Ph. No. 09752122999, 09425924111. Fax: 07422-239111

**No Dues Certificate for Submission of Thesis**

This is to certify that Mr/Ms ..................................................................................., a Scholar of Ph.D. in the Department of .................................................., bearing Enrolment No.................................... Has No due against him/her.

**Signed by**

Supervisor……………….

Head of the Department ………………..

Librarian …………………….

Account/ Finance Officer……………………

Ph.D. Coordinator………………….

DOSA/Registrar………………………..

Office Seal

**Annexure 8**

**CD COVER**

**TITLE OF THE THESIS**



A Thesis Submitted In Fulfillment of the Requirements for the Degree of

**DOCTOR OF PHILOSOPHY**

**(NAME OF FACULTY/DEPARTMENT)**

**By**

**Name of Candidate**

**(Enroll. No: …………………..)**

**Under the Supervision of**

**(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Designation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department / Faculty of …………………………..**

**Year of Submission……………………….**

**MANDSAUR UNIVERSITY, MANDSAUR**

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Website: [www.mandsauruniversity.edu.in](http://www.mandsauruniversity.edu.in), Email: phd@meu.edu.in

Ph. No. 09752122999, 09425924111. Fax: 07422-239111

**SUMMARY COVER PAGE (Annexure 9)**

**TITLE OF THE THESIS**



**A SUMMARY**

Submitted to Mandsaur University for Award of Doctoral Programme

…………………….(Year)

Submitted by

**Scholar Name**

 (Enrolment Number)

Supervisor

**Guide Name**

Designation

Faculty/Dept. of ........................

Co Supervisor (if any)

**Guide Name**

Professor, Head

Faculty/Dept. Of .............

Name of College/ University

**MANDSAUR UNIVERSITY**

Approved by UGC, Rewas Dewda Road, SH – 31, Mandsaur, Madhya Pradesh- 458001

**Ph. No. +919752122999, +919425924111**

**Website:** [www.mandsauruniversity.edu.in/](http://www.mandsauruniversity.edu.in/)

**Email :** info@mandsauruniversity.edu.in, phd@meu.edu.in

**NOTE: *At The End of Summary Scholar and Guide Both Have To Sign***

**Annexure 10**

**MANDSAUR UNIVERSITY, MANDSAUR**

SH 31,Bypass square, Rewas Dewda Road, Mandsaur, Madhya Pradesh- 458001.

Website: [www.mandsauruniversity.edu.in](http://www.mandsauruniversity.edu.in), Email: Ph.D.@mandsauruniversity.edu.in

Ph. No. 09752122999, 09425924111. Fax: 07422-239111

**Request for Plagiarism Verification Report for Ph.D. Thesis.**

*(To be submit in a single copy)*

 (Applying First Time Second Time )

 Dated: \_\_\_\_\_\_\_\_\_\_

To,

The University Coordinator Shodhganga,

Mandsaur University,

Mandsaur, MP.

Subject: Request for Plagiarism check report of for Ph.D. Thesis.

Ma’am/Sir,

I am submitting herewith a softcopy of my Ph.D. Thesis/Research Paper. You are kindly requested to check plagiarism and issue me a report to that effect.

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

Faculty/Department:

Title of the Thesis / Research Papers: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mention Previous Report Document Number, if applying second time: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I declare that I am aware of the anti-plagiarism policy of Mandsaur University, Mandsaur. I further declare that the soft copy being submitted for plagiarism check is the same as a print copy of the thesis/research paper.

**Signature of Research Scholar**

Date of Registration:

Name of Scholar

Faculty/Department of:

Mobile No:

**Signature of the Research Guide Forwarded by HOD**

Name of the Research Guide:

Faculty/Department of:

**Annexure 10**

**MANDSAUR UNIVERSITY, MANDSAUR**

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Website: [www.mandsauruniversity.edu.in](http://www.mandsauruniversity.edu.in), Email: Ph.D.@mandsauruniversity.edu.in

Ph. No. 09752122999, 09425924111. Fax: 07422-239111

**CERTIFICATE OF PLAGIARISM CHECK**

(*To be inserted in the Thesis before Plagiarism Report*)

1. Name .............................................................................................................................................

2. Enrollment No................................................................................................................................

3. Thesis title: ....................................................................................................................................

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

4. Degree for which the thesis is submitted:.……………………………………………………….

5. Faculty (Department): (of the University to which the thesis is submitted) …….……..….……

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

6. Department /Subject: ………………………...…………………….………………………..….

7.Acceptable Maximum Limit: **10%**

8.Percentage of Similarity of Contents Identified: ……………………….…………………………….

9.Software Used: **URKUND**

10.Date of Verification: ………………………………….…………..…………………………………

**Signature of the Scholar Signature of the Supervisor**

**Head of the Department**

**(Seal)**

**University Coordinator**

**Shodhganga**

**(Seal)**

**Annexure 11**

**MANDSAUR UNIVERSITY, MANDSAUR**

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Ph. No. 09752122999, 09425924111. Fax: 07422-239111

**VERIFICATION OF PUBLICATIONS AND CONFERENCE PRESENTATION**

As per UGC Notification, July 2016

(*To be submitted with Pre-Thesis*)

It is Verified that Dr./Mr/Ms……………………..…………………………………………… En. No.………………………………………… Ph.D. Research Scholar in the Department ………………………………………………………..………… Faculty of ………………………………………….…, Mandsaur University, Has published the following Paper, which are published in Refereed Journals (UGC Care List/WOS/SCOPUS): -

1.

2.

The Details of the conferences presentation made by him/her are as below (funded/ supported by the UGC/ ICSSR/CSIR/AICTE/DST/ or any similar agency (Govt reputed agency).

1.

2.

**Signature of the Scholar**

**Signature of the Supervisor**

 **Head of the Department (Seal & Sign)**

**ANNEXURE 12**

**MANDSAUR UNIVERSITY, MANDSAUR**

SH 31,Bypass square, Rewas Dewda Road, Mandsaur, Madhya Pradesh- 458001.

Website: [www.mandsauruniversity.edu.in](http://www.mandsauruniversity.edu.in), Email: phd@mandsauruniversity.edu.in

Ph. No. 09752122999, 09425924111. Fax: 07422-239111

**DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.)**

**NOC/APPLICATION FORM FOR SUBMITTING THE Ph.D. THESIS**

*(For pre submission Viva-voce)*

**DEPARTMENT:**

**FACULTY:**

|  |  |
| --- | --- |
| **Name as in the degree certificate** (CAPITAL Letters in English)  |  |
| Address (in CAPITAL Letters) to which all communications are to be sent (with Pincode) Mobile Number & E-mail id  |  |
| **Title of the Thesis** (in CAPITAL Letters)  |  |
| Enrolment No/ Registration No.  |  |
| Duration of Ph.D. Registration  | From: To:  |
| Extension (if applicable)  | From: To:  |
| Date of submission of the synopsis  |  |
| Name, Designation and full address of Supervisor with Pincode, Mobile Number & E-mail id  |  |
| Name of the Research Centre where experimental work is performed(Attach certificate or permission letter of centre of centre) |  |
| Name Designation and full address of the Co-Supervisor  |  |

Signature of the Candidate with date.

**NOC from Supervisor** – Allowed/Not Allowed for submission.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Signature of the Co-Supervisor with date and seal (if applicable)**  | **Signature of the Supervisor with date and seal**  | **Signature of the Head of the Department with date and seal**  | **Signature of the Dean / Director of faculty with date and seal**  |

**MANDSAUR UNIVERSITY, MANDSAUR**

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Website: [www.mandsauruniversity.edu.in](http://www.mandsauruniversity.edu.in), Email: phd@meu.edu.in

Ph. No. 09752122999, 09425924111. Fax: 07422-239111

**VERIFICATION OF PRE-THESIS CORRECTION**

(To be submitted After Pre-Thesis Correction)

It is Certified that Mr./MS.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrolment No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph.D. Research Scholar in the Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has incorporated all the suggestions into his/her final thesis research work on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF THE SUPERVISOR

SEAL & SIGNATURE OF THE DEAN/HOD OF THE DEPARTMENT

NOTE: The candidate is required to submit aforesaid corrected Four (04) copies of thesis into Ph.D. office.