



# INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE

(A Deemed to be University under the de novo category)

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## Submission of PhD Thesis

**Note : Please refer to the Guidelines, PhD Rules and Regulation for preparation of synopsis and thesis which are available on the Academic home page at IACS website.**

*To be filled in by the student,*

Name of the Candidate:	PhD Registration No:
Name of Supervisor (s):	Name of the School:
Date of Presentation of Open Thesis Colloquium: _____ Time : _____ Venue; _____	Date of Submission of Thesis :

*Title of the Thesis:*

Address for Communication (till the date of defence):

.....  
.....

Mobile No. ....

### CERTIFICATES TO BE COMPLETED BY THE STUDENT / SUPERVISOR (s)

No.	Certificates	Signatures with date
01	<p><b>(To be completed by the student)</b></p> <p>(i) I have submitted a soft copy of the Thesis to the Academic Office with copy to Research Supervisor(s) and Chairman of the School. (ii) Also submitted <b>Two hard copies of the thesis</b>, as prepared in accordance with the norms of Ph.D. Thesis of IACS, to the Academic office along with the following :</p> <p>(a) Clearance certificates from Accounts Section. (b) Copy of the Report of the open Thesis Colloquium:. (c) A self attested copy of my last qualifying Degree Certificate <b>(The soft copies of Synopsis &amp; Thesis should be mailed to Phd Coordinator and to the Secretary, Dean Academic Ph.D.)</b></p>	<p>Signature of Student:</p> <p>Date : _____</p>
02	<p><b>(To be completed jointly by the Student and Research Supervisor(s))</b></p> <p>Certified that the student with details as above has carried out the research work detailed in the Ph.D. Thesis being submitted, during the period _____ to _____. (Date of joining in IACS) (Date of submission of thesis)</p> <p><b>Further certified that:</b></p> <p>1) There is a prima facie case for consideration of the thesis. 2) To the best of our knowledge the thesis does not include any work which has at any time previously, been submitted for the award of a degree except to the extent of point 3 below. 3) The section(s) (if any) of the Thesis which relate to collaborative work <b>(mention briefly, or state that there are none ) :</b> 4) The similarity % of the thesis has been checked using anti -plagiarism software, namely, iThenticate and conforms with the norm prescribed by IACS University.</p> <p><b>It is recommended that,</b> (Please tick any one of the options below) 1. The thesis evaluation be processed immediately.</p>	<p>Signature of Student:</p> <p>Signature of Supervisor:</p> <p>Signature of Co-supervisor:</p> <p>Date : _____</p>

	2. The processing of the thesis evaluation be taken up after a communication from the Supervisor or <b>SIX months</b> , whichever is earlier, 3. The thesis be sent for evaluation after the Non Disclosure Agreement (NDA) has been signed by the examiner and there is a need to maintain the confidentiality of proprietary information as the work is associated with active patent application(s) (the student has been informed that obtaining <b>NDA</b> from prospective examiners may delay the thesis evaluation.)	
03	<b>(To be completed by the Research Supervisor(s))</b> Recommended that the Academic office is authorized to receive copies of the thesis submitted by the student  Mr./Ms. _____ .	Signature of Supervisor(s):  Signature of Co-supervisor :
05	<b>(To be completed by the Chairman, of the School)</b> Certified that the student has presented the results of his / her investigations to a panel, constituted for the purpose, during the <b>Open Thesis Colloquium</b> Colloquium <b>conducted on</b> : _____ .	Signature and stamp of <b>Chairman</b>  Date : _____

**For Office Use Only**

01	<b>(To be completed by the Office of the Academic Section)</b> Two copies of the thesis as certified above, have been submitted by the student to this office along with the attachments (as in 1 above) on (date) :	Name of Office staff : _____  Signature :  Date _____
02	<b>(To be completed by Academic Section)</b> The copies of thesis have been received on: _____ . (date) and certified that Mr. / Ms. _____, Reg. No. _____, School of _____, _____ has been prescribed _____ Course Credits and that he /she has completed the prescribed credit requirements.	Name of Dealing Assistant: _____  Signature : _____  Secretary, Dean Academic (PhD)  Signature : _____  Date : _____

Comments by PhD Co-ordinator:

Signature of the PhD Co-ordinator :

Approval of the Dean Academic (PhD) : Permitted/Not permitted

Signature of the Dean Academic (PhD):