

**Form for Submission of Thesis**  
(See Academic Regulation No. 7.13.2)

1. Name of Department
2. Name of College

**PART I**  
(to be filled in by the student)

1. Name in full
2. Admission No.
3. Date of joining the M.Sc./M.V.Sc./Ph.D. Programme
4. Periods of discontinuance, if any
5. Approved title of the thesis
6. Order No. approving the title of the thesis
7. Total credits programmed for M.Sc./M.V.Sc./Ph.D. degree and credits completed

Credit requirements	As per approved programme of work	Completed	OGPA	Remarks
Course credits				
Research credits for thesis				
Total				

8. Whether all the prescribed credits have been completed or not:
9. Major field of specialization
10. Minor fields  
i) ..... ii) .....
11. Date of passing the Comprehensive Examination:  
i) Written Comprehensive Examination:  
ii) Oral Comprehensive Examination:

Place :

Date :

Signature of student

**PART II**

**Thesis Submission Certificate**

We the following undersigned members of the Advisory Committee of the Sh./Ms. \_\_\_\_\_ (\_\_\_\_\_) of the Department of \_\_\_\_\_, College of \_\_\_\_\_, CSKHPKV, Palampur have gone through the manuscript and agree that the thesis entitled " \_\_\_\_\_ " may be submitted for the partial fulfilment of the requirements of the degree of \_\_\_\_\_ in \_\_\_\_\_.

He/She has successfully delivered the thesis seminar on \_\_\_\_\_.

**Advisory Committee:**

**Chairperson**

Dr. \_\_\_\_\_

**Member**

1. Dr. \_\_\_\_\_

1. Dr. \_\_\_\_\_

2. Dr. \_\_\_\_\_

3. Dr. \_\_\_\_\_

Endst. No.

Dated:

Forwarded to the Dean, Postgraduate Studies, CSKHPKV, Palampur in triplicate alongwith 2/3 copies of thesis and 10 copies of thesis abstract for information & necessary action please.

Head of the Department