



**SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT**

**Form for submitting 02 (TWO) COPIES OF PH.D. THESIS**

- 1 Admn./Roll No. : \_\_\_\_\_
- 2 Name in English : \_\_\_\_\_  
(As per the qualifying degree certificate, for printing it on degree certificate, falling which certificate will not be printed (Attested copy of the same should be enclosed))
- Name in Hindi : \_\_\_\_\_
- 3 Cast Category : \_\_\_\_\_
- 4 Category : FIR / FRS / FSC / PIS / PPF / PEC / FSF / ESL (strike out)
- 5 Department in which registered : \_\_\_\_\_
- 6 Date of joining the Ph.D. : \_\_\_\_\_
- 7 Date of registration of Ph.D. : \_\_\_\_\_
- 8 Date of Pre-synopsis Seminar : \_\_\_\_\_
- 9 Title of the Thesis : (Please write in legible letters and as per the format of Synopsis and thesis)  
\_\_\_\_\_  
\_\_\_\_\_
- 10 Address for Communication : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11 Mobile No(s) / E-mail : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12 Name of guiding Supervisor : \_\_\_\_\_  
Co-Supervisor (if any) : \_\_\_\_\_  
External Supervisor : \_\_\_\_\_
- 13 In case of candidate whose registration expired beyond seven years from the date of registration for Ph.D. Please state:  
(i) Whether extension has been granted and if yes : YES / NO  
(ii) The date upto which extension has been granted : \_\_\_\_\_  
(iii) Office letter No., Date and Authority granting extension : \_\_\_\_\_
- 14 All the copies of the thesis prepared strictly in accordance with the instructions for guidance of the candidate regarding format of thesis by the Institute.

\_\_\_\_\_  
(Name & Signature of Candidate)

Remarks / Recommendations of the guiding supervisor(s) authorizing the Academic Section receive TWO copies of THESIS.  
\_\_\_\_\_

\_\_\_\_\_  
Signature of the Supervisor

\_\_\_\_\_  
Signature of the Co-Supervisor

P.S.: This form may kindly be submitted to the Academic Section duly completed along with the hostel clearance form.



सरदार वल्लभभाई राष्ट्रीयप्रौद्योगिकी संस्थान, सूरत  
SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT

SVNIT

CERTIFICATE FROM DEPARTMENT

1. Name of the Ph.D. student: .....
2. Registration No.....3. Category: FIR/ PEC/ FSL/ Other
4. Name of the Department / Centre: .....
5. Title of the Thesis: .....  
.....  
.....
6. Date of Thesis Submission: .....

*Note: Above student is required to vacate the hostel accommodation within 15 days from date of thesis Submission:*

(Signature of Student)

It is to certify that Ms./Mr. \_\_\_\_\_, Enrollment No. \_\_\_\_\_

has submitted the thesis as details given above.

Supervisor(s)

Head of Department

For hostel office use only

The Ph.D student (Name of Student).....residing in  
.....( Hostel Name ) has no pending dues against him/ her.

Hostel Clerk:

Chief warden

Co Chairman