## SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY

## **DIVISION OF ACADEMIC AFFAIRS**

## APPLICATION FOR SUBMISSION OF Ph D THESIS FOR EVALUATION

1. Name of the candidate :  2. Register No.		-		Designation.
2. Register No.  3. Title of Thesis  4. Name of the guide  5. Date of registration  6. Date of submission of four copies of Thesis  7. Details of payment of fee (Original receipt to be attached)  I hereby certify that I have observed all normal rules and regulations connected with the preparation of the thesis. The matter contained is an original work.  I shall stand by all the rules governing the examination of the thesis and the defense thereafter when held. Copies of papers published/accepted are also submitted herewith.  Date:  Signature of the candidate  Signature of the Research Guide Name: Designation:  May be accepted for evaluation		-		Designation.
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