

**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.	:	
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

**Submission of the thesis recommended**

\_\_\_\_\_  
Signature of the Research Guide

Name:

Designation:

**May be accepted for evaluation**

Yes/No

\_\_\_\_\_  
**Deputy Registrar**

\_\_\_\_\_  
**Associate Dean -PhD Programme**