RP-01

GLA UNIVERSITY
MATHURA
Recognised by UGC Under Section 2(f)
Accredited with A+ Grade by NAAC
12-B Status from UGC

ACADEMIC REGISTRATION DETAIL

Name of the Student…… Univ. Roll. No……

Department…….. Date of first Registration……

Name of Supervisor(s):

Status: Regular/Part Time

Semester Registration for:

Declaration

I hereby certify that the above information is true to the best of my knowledge. I have no dues against any university fees.

Signature of Student

Supervisor(s) Comments:

Signature of Supervisor(s)
Name:
Affiliation:

Forwarded by:

Chairperson –DRDC
Name:

Approved by:

Head of Department
Name:

RP-02

Departmental Research Degree Committee (DRDC)

S.No.	Name of the Faculty Members	Designation	Department/Institute
1			
2			
3			
4			

Proposed by: **Signature:**

Name:

(HOD/ DRDC Chairperson)

Forwarded by: **Prof. Kamal Sharma**
Dean R&D

Approved by:

Prof. Phalguni Gupta
Vice-Chancellor

RP-03

Semester Progress Report of the Student

Name of Candidate: Univ. Roll No:

Department: Date of First Registration: (DD/MM/YYYY)

Receipt No. & Date of submission of current Semester/Annual Fees: (Mandatory for Semester Progress presentation):

Title of PhD Thesis:

Name of Supervisor(s):
(Affiliation)

Date of Comprehensive Examination: Date of State of the Art Seminar:

Date of Progress Presentation: Semester:

1…… 2…….. 3…….. 4…… 5…… 6……..

Progress of Candidate: Satisfactory / Unsatisfactory

Supervisor(s) **Internal Member of DRDC**
Name:

External Member of DRDC
Name:

Forwarded by: **Chairperson –DRDC**
Name:

Head of Department
Name:

Recommended by: **Dean (R&D)**

Approved by: **Chairperson (Academic Council)**

- The candidate has to submit the progress report of the semester in one-page approved by the Supervisor(s)
- The presentation to assess the progress of the candidate is to be preferably made at the end of semester (April-June/Oct-Dec), but in any case one week before the date of registration.
- If the candidate has given (Pre-PhD/Open Seminar) then the presentation for assessing the progress is not required.

RP-04

Adding/Dropping of Course

Name of the Student…… **Univ. Roll No**…… ……

Department: …… ….. **Date of first Registration**……
(DD/MM/YYYY)

COURSES TO BE ADDED

S.No.	Course Name with Code	Credit	Department	Reason
1.				
2.				

COURSES TO BE DROPED

S.No.	Course Name with Code	Credit	Department	Reason
1.				
2.				

(Signature of Candidate)

Advised by: **Supervisor(s)**

Forwarded by: **Chairperson DRDC** **Head of Department**

Chairperson RDC

Approved by:

RP-05

Change of Registration Status

Name of the Student…… **Univ. Roll No……**

Department: …… **Date of first Registration……**
(DD/MM/YYYY)

Present Registration Status:

Registration Status to be converted to:

Justification/Reason:

(Signature of the Student)

Comment of the Supervisor(s):

(Signature of the Supervisor(s))

Recommended by: **Chairperson DRDC** **Head of Department**
Name: **Name:**

Approved by: **Dean(R&D)**

RP-06

Leave Application

Head of the Department **Dated:**

Kindly allow me to avail Leave/Leave on Duty from date…… to date……
for …….. days and station leave from date…… time……..to date……..
time……..

My address during leave will be as below.

Address:

Reason for Leave:

Type of Leave: 1. CL ( ) 2. LWP ( )
Last Balance……. Availed …….. Current Balance ……..

Yours Sincerely
Name:
Department:
Univ. Roll No.:

For Official use

Recommended/Not Recommended:

Supervisor(s)
Name:

Chairperson DRDC
Name:

Recommended by:

Head of the Department
Name:

Approved by: **Dean (R&D)**

RP-07

GLA UNIVERSITY MATHURA
Recognised by UGC Under Section 2(f)
Accredited with A+ Grade by NAAC
12-B Status from UGC

Monthly Report for the release of Scholarship/Teaching- Assistantship to Ph. D students

Department & Institute…….. Date……

Name of the Student……..

University Roll No…….. Date of Admission……

Percent Marks in Qualifying Examination…….. GATE/GPAT Score……

Details of Load engagement in Month of ……., ,20……..

SPI/CPI in previous semesters / trimesters Details of teaching work performed / classes engaged in Month of ……., 20…….

S. No.	Course Code	Subject Name	Teaching load in hours per week	Co-teachers in class	Classes engaged in the month

(Name and Signature of the applicant)

Verified by

Supervisor (if assigned) **Chairperson DRDC** **Head of Department**

Recommended for release of Scholarship/Teaching-Assistantship of Rs. ……

(Rupees_____thousand only) for the month of _, 20___

Dean (R&D) **Registrar**

Approved

Vice-Chancellor

RP-08

List of Suggested Examiners for Ph.D. Comprehensive Examination

Name of Candidate **Univ. Roll No:**

Department: **Date of First Registration: (DD/MM/YYYY)**

Area of Research:

Name of Supervisor(s):
Affiliation

S. No.	Name of Examiners	Designation, Department & Address	Department
1			
2			
3			
4			
5			
6			

Proposed by: **Supervisor(s)**
Name:

Forwarded by: **Chairperson –DRDC** **Head of Department**
Name: **Name:**

Recommended by: **Dean (R & D)**

Approved by:

Chairperson
(Academic Council)

RP-08 (A)

List of Suggested Examiners for Pre Ph.D. Presentation

Name of Candidate **Univ. Roll No:**

Department **Date of First Registration: (DD/MM/YYYY)**

Title of Thesis:

Name of Supervisor(s): (Affiliation)

S. No.	Name of Examiner	Designation, Department & Address	Official Email & Mobile No.	Specialization
1				
2				
3				

Proposed by: **Supervisor(s) Name:**

Forwarded by: **Chairperson –DRDC Name:** **Head of Department Name:**

Recommended by: **Dean (R & D)**

Approved by: **Chairperson (Academic Council)**

RP-08 (B)

List of Suggested Examiners for Progress Presentation in DRDC Meeting

Department:

S.No.	Name of Examiners	Designation, Department & Address	E-Mail & Contact
1			
2			
3			

Proposed & Forwarded by: **Chairperson –DRDC/Head of Department**
Name:

Recommended by: **Dean (R & D)**

Approved by: **Chairperson (Academic Council)**

RP-09

Report of Examiners of Comprehensive Examination

Name of Candidate: **Univ. Roll No:**

Department: **Date of First Registration: (DD/MM/YYYY)**

Date of Examination:

Name of Supervisor(s):
(Affiliation)

Comments:

Candidate has Passed (SS)/Failed (XX)

S.No.	Name of Examiners	Designation, Department & Address	Signature
1			
2			
3			
4			
5			
6			

Chairperson –DRDC
Name:
Date:

Head of Department
Name:
Date:

Dean (R&D)
Name:
Date:

For Office Use Only

Chairperson, DRDC may kindly advise the Supervisor(s) to ensure that State of Art Seminar is held before i.e. within six month of the Comprehensive Examination.

Dean (R&D)

RP-10

Report of State of the Art Seminar

Name of Candidate: **Univ. Roll No:**

Department: **Date of First Registration: (DD/MM/YYYY)**

Date of Passing the Comprehensive Examination:

Date of State of the Art Seminar:

Name and of Supervisor(s): (Affiliation)

Thesis Title:

Comments:

Supervisor(s)	**Internal DRDC Member Name:**	**External DRDC Member Name:**
Forwarded by:	**Chairperson –DRDC Name:**	**Head of Department Name:**
Recommended by:	**Dean (R&D)**	
Approved by:	**Chairperson (Academic Council)**	

RP-11

Report of Pre-Ph.D. Submission/Open Seminar

Name of Candidate: **Univ. Roll No:**

Department: **Date of First Registration:**
(DD/MM/YYYY)

Date of Passing the Comprehensive Examination:

Date of State of the Art Seminar:

Date of Pre Ph.D. Submission/Open Seminar:

Name of Thesis Supervisor(s):

Thesis Title:

Comments:

It is certified that the candidate has successfully delivered the Open Seminar required for submission of the Thesis.

Supervisor(s)	**Internal DRDC Member** **Name:**	**External DRDC Member** **Name:**
Forwarded by:	**Chairperson –DRDC** **Name:**	**Head of Department** **Name:**

Recommended by: **Dean (R&D)**

Approved by: **Chairperson (Academic Council)**

RP-12

Coursework & Supervisor Selection
(To be filled by the candidate)

Name of Student: **Univ. Roll No.:**

Name of Institute: **Department:**

Date of First Registration:
(DD/MM/YYYY)

Full Time (Stipendiary/Non-stipendiary/QIP/Sponsored)/Part-Time (Faculty/Project Staff)
(Please tick whichever is applicable).

Area/Field of Research……

……

Details of Course Work

S.No.	Subject Name with code	Credit	Department	Subject Coordinator
1				
2				
3				
4				
5				

Name of Supervisors

S.No.	Name of Faculty	Designation	Department
1			
2			

Date: **Signature of Candidate**

RP-13

Supervisor Selection

(To be filled by the Supervisor)

Name of Faculty: **Designation:**

Department: **Co-Supervisor (if any):**
(Affiliation)

Details of the Ph.D. students being supervised at present:

S.No.	Name of the Student	Reg. No.	Date of Registration	Department in which registered	Co –supervisor (if any)	Status of Research - work
1						
2						
3						

I wish to supervise the Ph.D. Thesis of Mr./Mrs./Ms……

Date: **Signature of Supervisor**
Name:
(Affiliation)

Signature of Co-Supervisor
Name:
(Affiliation)

Approved by:

Chairperson –DRDC
Name:

Head of Department
Name:

Dean R & D

RP-14

Addition/Change of Supervisor

Name of Candidate: **Univ. Roll No:**

Department: **Date of First Registration**:
(DD/MM/YYY)

Title of PhD Thesis:

Existing Supervisor(s):
(with Affiliation)

Present status of the work:
(with supporting document)

Suggested Supervisor:
(with Affiliation)

Reason for Addition/Change of Supervisor: **(Signature of the Student)**

Comment & No objection of Existing Supervisor(s):

(Signature of the Supervisor(s))

Consent of the suggested Supervisor: **(Signature of the Suggested Supervisor)**

Remark of Chairperson –DRDC: **(Signature of Chairperson DRDC)**

Approved by:

(Head of Department) **(Dean R & D)**

Enclosures:

- Bio-data of new supervisor (with publications)

- Progress of the candidate duly signed by the supervisor(s)
- Fee Receipt
- Course work Mark sheet

RP-15

List of Suggested Examiners for Ph.D. Thesis Evaluation Board

Name of Candidate: **Univ. Roll No:**

Department: **Date of First Registration:** **(dd/mm/yyyy)**

Date of Comprehensive Examination:

Date of State of the Art Seminar:

Date of Pre Ph.D. Submission/Open Seminar:

Name of Thesis Supervisor(s):

Thesis Title (in capitals): -

Name of Examiners with Address/Fax/Phone/Email

S. No.	Name of Examiner	Designation, Department & Address	Official Email & Mobile No.	Specialization
1				
2				
3				
4				
5				
6				

Name(s) of communication details of Supervisor(s)

S. No.	Name & Official Address	Phone/Fax	E-mail
1			
2			

Proposed by: **Thesis Supervisor(s)**

Proposed by:

Vice-Chancellor **Dean (R&D)**

Approved by: **Chairperson (Academic Council)**

RP-16

Affidavit of No Blood Relation

This is to certify that Mr./Ms. ……..Department …….. is not in my "Blood Relationship" (Husband, Wife, Son, Daughter, Brother, Sister, Nephew, Niece, Sister-in-law, Brother-in-law, Son-in-low or Daughter-in-law etc.)

Explanation:

'Blood Relation' means a relation which relates the supervisor and the research scholar by any relations mentioned hereunder:

a. Father and Son/Daughter to the extent of three degrees
b. Mother and Son/Daughter to the extent of three degrees
c. Father-In-Law and Son-in-law/ Daughter-in-law to the extent of three degrees
d. Mother-In-Law and Son-in-law/ Daughter-in-law to the extent of three degrees
e. Husband and Wife which include divorcee spouse also
f. Brother
g. Sister
h. Children of brothers
i. Children of Sisters

Explanation: Relations falling between clause (f) and (i) includes the full blood relation, half-blood relation, uterine blood relation from both, the maternal and paternal sides, step relations and cousin relation.

1. **Wife of father's brother or mother's brother or**
2. **Any other relation, which is adequate in ordinary course of nature to bring or produce undue influence between the Supervisors and the Research Scholar.**

Signature of Supervisor **Signature of Research Scholar**

Date: **Date:**

Forwarded by: **Chairperson – DRDC**
Approved by: **Dean (R&D)**

RP-17

(Thesis Evaluation Report)

1. **Name of Candidate:** **Univ. Roll No:**
2. **Department:**
3. **Thesis Title (in capitals):**
4. **General Features of Thesis:**
5. **Organization and Structure of Thesis**

(Whether the Thesis has embodied any new ideas with original thoughts?)

6. **Kindly Provide detailed comments on the following section:**

(i) Originality:

_____

(ii) Abstract and Introduction section:

_____

(iii) Literature Review:

_____

(iv) Methodology:

_____

(v) Result Section:

_____

(vi) Implications for research, practice and/or Society:

_____

(vii) Quality of Communication:

_____

(viii) Structure of Thesis:

_____

7. **Comments (the Examiner may give details on additional sheet(s), if required)**

(i) Strong points of the Thesis

_____

(ii) Weak Points of the Thesis.

(iii) Write at least 5 questions from the area of research to be asked in the oral examination.

8. Specific Recommendations

(Please place a tick mark at any one of following category)

Category I: The Thesis is acceptable in the present form for the award of the Ph.D. degree. ☐

Category II: The Thesis is acceptable and the correction, modifications and improvement suggested by me would be incorporated in the Thesis to the satisfaction of the oral board. ☐

Category III: The Thesis needs technical improvement/modifications, which must be carried out to my satisfaction before I recommend the Thesis for acceptance. ☐

Category IV: The Thesis is rejected. (Please provide reasons for the same) ☐

(Signature of the Examiner)

Name : _____

Designation : _____

Address : _____

RP-18

Report of Ph.D. Thesis Oral Board

Name of Candidate: **Univ. Roll No.:**

Date of Comprehensive: **Date of Registration:**
(dd/mm/yyyy)

Date of State of the Art:

Pre-Ph.D. Submission Seminar:

Date of Oral Defense Viva:

Thesis Title:

Recommendation of Oral Defense Committee:

S. No.	Name of Examiners	Internal/External Examiners	Signature
1			
2			
3			
4			
5			

On the basis of the recommendations of both the examiners and the satisfactory performance in the viva-voce examinations, it is recommended that the Ph. D. degree be awarded to Mr./Ms……..
Univ. Roll No……..

Dean (R&D)

Approved by: **Vice-Chancellor**

RP-19

Report for Plagiarism (Confidential)

1. **Name of Candidate** ……..
2. **Department:** ……..
3. **Thesis Title**……..
4. **Name of Supervisor's**…….
   (with Affiliation)
5. **Date of Plagiarism**……..
   (not to be mentioned by department)
6. **Report of Plagiarism**
   (not to be mentioned by department)

(a) Statement of Supervisor: I am satisfied for the limits of similarity index and plagiarism under the rules given in The Ordinances of GLA University before forwarding thethesis in the format prescribed by the University to Dean (R&D)

7. **Software/website used for : www.turnitin.com**
8. **Overall Similarity Report by Librarian:** ……..

Date: **Signature of Supervisor**

Checked by: **Signature of Librarian**

Report by Dean (R&D): **Dean (R&D)**

RP-20(A)

APPLICATION FOR PRE-SUBMISSION SEMINAR FOR PH.D.

To,

Dated: -

The Dean R&D

GLA University, Mathura

Respected Sir

I …….. a Ph.D. Scholar of the Department of ……..

registered on ……..would like to present my research work at a pre-submission seminar of my thesis entitled……..……

……

I request you to please grant me the permission

With regards
Yours sincerely,

……..

(Full signature of the candidate) Univ. Roll No: -

Recommendation of the Supervisor:

Forwarded by the H.O.D./ Chairperson of DRDC:

Forwarded to F.O
For No Dues

RP-20

Application for Submission of Ph.D. Thesis (To be filled by the Candidate)

Name of Candidate: **Univ. Roll No:**

Department: **Date of First Registration: (dd/mm/yyyy)**

Thesis Title (as per Pre Ph.D./ Open seminar):

Name of Supervisor(s):
(With Affiliation)

Date: **Signature of Applicant**

This is to certify that Mr./ Ms…….. has completed minimum residential requirement as per the ordinances for Research Programme and is submitting his/ her thesis for the degree of Doctor of Philosophy (Ph.D.) and it is recommended that his/ her thesis may be accepted for evaluation.

I am satisfied with the thesis of similarity indexed plagiarism under rule according GLAU ordinance/UGC guideline before the application for No-Dues.

 # The Total similarity index……

Supervisor(s)	**Chairperson DRDC**	**Head of the Department**
Name:	**Name:**	**Name:**

Dean (Academic)
University No Dues (If Any)

Establishment Section (Academic Documents)	**Finance Officer (Accounts)**	**Librarian**	**Head of the Department**

This is to certify that Mr./ Ms…….. has submitted his/ her Ph.D. thesis entitled……

……

Date: **Dean (R & D)**

RP-21

Handing and Archiving of Thesis and Dissertations (HATD)

Declaration by the Author of the Thesis or Dissertation

I, Sh./Smt. /Kum …….. Univ. Roll no …….. registered as a Research Scholar or a student of program such as M.Sc. / M. Tech / M. Pharma or equivalent, (tick whichever is applicable) in the Department …….. GLA University, Mathura do hereby submit my thesis title ……
……
(Hereinafter referred to as 'my thesis') in a printed as well as electronic version for holding in the library record of the University.

I hereby declare that:

1. The electronic version of my thesis submitted herewith on CDROM is in …….. format. (Mention whether PostScript or PDF).
2. My thesis is my original work of which the copyright vest in me and my thesis does not infringe or violate the rights of anyone else.
3. The contents of the electronic version of my thesis submitted herewith are the same as that submitted as final hard copy of my thesis after my viva voce and adjudication of my thesis in ……..(date).
4. I agree to allow the institution to make available the abstract of my thesis in both hard copy (printed) and electronic form.
5. I hereby certify that, if appropriate, I have obtained and attached hereto a written permission/statement from the owner(s) of each third party copyrighted matter to be included in my thesis/dissertation, allowing distribution as specified below.
6. I hereby grant to the university and its agents the non-exclusive license to archive and make accessible, under the conditions specified below, my thesis/ dissertation, in whole or in all forms of media, now or hereafter known. I retain all other ownership rights to the copyright of the thesis/ dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis, dissertation, or project report.

1. Release the entire work for access worldwide	
2. Release the entire work for 'GLA University' only for following "Embargo Period"1 Year 2 Year 3 Year and after this time release the work for access worldwide.	
3. Release the entire work for 'GLA University' only, while at the same time releasing the following parts if the work (eg. Because other parts relate to publications) for worldwide access: a. Bibliographic details and Synopsis only. b. Bibliographic details, synopsis and the following chapters only. c. Preview/ Table of contents/_____page only.	
4. View Only (No downloads)(Worldwide).	

Signature of Student

Date:

Place:

Signature of Supervisor
Name:
Affiliation:

RP-22

Website: www.gla.ac.in **Fax:05662-241697**
Email: glauniversity@gla.ac.in **Phone: 05662-250900, 250909**

ACCEPTANCE FORM FOR THESIS EVALUATOR

Dean (R&D), GLA University,

Mathura, U.P. 281406

Subject:Appointment of PhD. Thesis Evaluator for GLA University, Mathura.

Dear Prof.

I hereby convey my acceptance to act as PhD. Thesis Evaluator submitted by Mr. _____

Department of _____to GLA University**.** My appointment and any other information relating to this examination will be kept as strictly confidential. Further, I undertake to perform this work worth due diligence and integrity.

Correspondence Address:

Ph. No.:_____Mob. No: _____ Email ID: _____

Official address:_____

Ph. No.: _____Mob. No:_____Email ID:_____

Bank A/c No.																
IFSC Code																

Bank Name:

_____

Bank Address:

_____

NOTE:
Please attach a photocopy of Cheque/ Cancelled Cheque along with the acceptance to verify the account details for remuneration.

Yours faithfully,

Signature

Name: _____

Designation: _____

Address:_____

Website: www.gla.ac.in **Fax:05662-241697**
Email: glauniversity@gla.ac.in **Phone: 05662-250900, 250909**

ACCEPTANCE FORM FOR EXPERT FOR DRDC MEETING

Hon'ble Vice-Chancellor,
GLA University, Mathura, U.P. 281406
Subject: Appointment of Experts for DRDC at GLA University, Mathura.
Sir,

I ……..Designation ……Address ……
have served as External Expert for DRDC of Mr./Ms. …….. Department of ……
at GLA University on date …….. My appointment and any other information relating to this examination will be kept as strictly confidential. Further, I undertake to perform this work perfectly in accordance with the rules and regulation of the University.
I request you to kindly pay T.A./honorarium as per University rules to the undersigned with following details for its remittance.

Correspondence Address:
Ph. No.: _____ Mob. No: _____ Email ID: _____

Official address:
Ph. No.: _____ Mob. No: _____ Email ID: _____

Bank A/c No.																
IFSC Code																

Bank Name:
_____

Bank Address:
_____

Only for the office of Dean **Yours faithfully,**

1. **Travel Amount: Rs.**
2. **Honorarium: Rs.**

Total Amount to be paid: Rs. **Signature**

Put up for kind approval by Hon'ble Vice-Chancellor

Chairperson DRDC **Dean (R&D)**
Name -

Approved
Vice-Chancellor

Website: www.gla.ac.in **Fax:05662-241697**
Email: glauniversity@gla.ac.in **Phone: 05662-250900, 250909**

ACCEPTANCE FORM FOR EXPERT FOR Pre Ph.D. SEMINAR

Hon'ble Vice-Chancellor,
GLA University, Mathura, U.P. 281406
Subject: Appointment of Experts for DRDC at GLA University, Mathura.
Sir,

I ……..Designation ……Address ……

……..have served as External Expert for Pre Ph.D. Viva presentation of Mr./ Ms. ……

Department of …… at GLA University on date …….. My appointment and any other information relating to this examination will be kept as strictly confidential. Further, I undertake to perform this work perfectly in accordance with the rules and regulation of the University.

I request you to kindly pay T.A./honorarium as per University rules to the undersigned with following details for its remittance.

Correspondence Address:
Ph. No.: _____ Mob. No: _____ Email ID: _____

Official address:
Ph. No.: _____ Mob. No: _____ Email ID: _____

Bank A/c No.																
IFSC Code																

Bank Name:
_____

Bank Address:
_____

Only for the office of Dean **Yours faithfully,**

1. **Travel Amount: Rs.**
2. **Honorarium: Rs.**

Total Amount to be paid: Rs. **Signature**

Put up for kind approval by Hon'ble Vice-Chancellor

Chairperson DRDC **Dean (R&D)**
Name -

Approved
Vice-Chancellor

Website: www.gla.ac.in **Fax:05662-241697**
Email: glauniversity@gla.ac.in **Phone: 05662-250900, 250909**

ACCEPTANCE FORM FOR EXPERT FOR ORAL DEFENSE VIVA VOCE

Hon'ble Vice-Chancellor,
GLA University, Mathura, U.P. 281406
Subject: Appointment of Experts for DRDC at GLA University, Mathura.
Sir,

I ……..Designation ……Address …… have served as External Expert for Oral Defense Viva Voce presentation of Mr./ Ms. ……..... Department of …… at GLA University on date …… My appointment and any other information relating to this examination will be kept as strictly confidential. Further, I undertake to perform this work perfectly in accordance with the rules and regulation of the University.

I request you to kindly pay T.A./honorarium as per University rules to the undersigned with following details for its remittance.

Correspondence Address:
Ph. No.: _____ Mob. No: _____ Email ID: _____

Official address:
Ph. No.: _____ Mob. No: _____ Email ID: _____

Bank A/c No.																
IFSC Code																

Bank Name:
_____

Bank Address:
_____

Only for the office of Dean **Yours faithfully,**

1. **Travel Amount: Rs.**
2. **Honorarium: Rs.**

Total Amount to be paid: Rs. **Signature**

Put up for kind approval by Hon'ble Vice-Chancellor

Chairperson DRDC **Dean (R&D)**
Name -

Approved
Vice-Chancellor

RP-23

GLA University, Mathura
Student details form for Degree Printing

Doctor of Philosophy in the Department ……

Univ. Roll No.	
Name of Candidate	
Name in Hindi	
Gender	
Father's Name	
Father's Name (in Hindi)	
Mother's Name	
Mother's Name (in Hindi)	
CPI	
Title of Thesis	

Date of Open Defense / Viva-voce Examination: ……

Note: Email Photograph & Aadhar Card on exam.cell@gla.ac.in

Signature of Candidate

Signature of Supervisor
Name:

Signature of Dean (R & D)

RP-24

(Thesis submission after Pre-Ph.D./Open Seminar)

Dean (R & D)

Mr./Ms.……………………………………………… Univ. Roll No……………………….. of department……………………………………………….has submitted his/her Ph.D. thesis entitled…… … for evaluation. The following documents are attached along with for ready reference and necessary action.

Spiral bound thesis with Soft Copy (1 copies)

Synopsis of thesis hard & soft copies (1 copies)

Form No. RP-11

Form No. RP-15

Form No. RP-19

Form No. RP-20A & RP-20

Attendance Sheet of Pre Ph.D./Open Seminar

Mark sheet of Course Work

Proposed by: Thesis Supervisor(s)
Date: Name:

Forwarded by: Chairperson DRDC Head of Department
Date: Name: Name:

RP-25

(Thesis submission after Oral Defense)

Mr./Ms…….. Univ. Roll No…….. Department……..

has submitted his/her Ph.D. thesis entitled……..

……

after successfully defending his/her oral.

The following documents are attached along with for ready reference and necessary action.

Hard bound thesis with Soft Copy (3 copies, 4 Copies in case candidate has a Co- Supervisor)

Form No. RP-18

Form No. RP-19

Form No. RP-21

Form No. RP-23

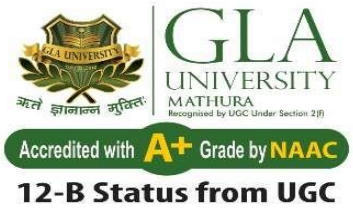
Attendance Sheet of Oral Defense

Mark sheet of Course Work

Proposed by:
Date:

Thesis Supervisor(s)
Name:

Forwarded by: **Chairperson –DRDC** **Head of Department**
Date: **Name:** **Name:**



Attendance Sheet Oral Presentation of Ph. D.

Name of Candidate: **Univ. Roll No.:**

Department: **Date of Oral Presentation:**

S. No.	Name	Dept./Designation	Signature
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Attendance Sheet Pre Presentation of Ph. D.

Name of Candidate: **Univ. Roll No.:**

Department: **Date of Pre Ph.D. Presentation:**

S. No.	Name	Dept./Designation	Signature
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GL-1

(Guidelines for Thesis submission)

Three hard copies (Four Hard Copies if candidate has Co-Supervisor) of the Thesis and **one soft copy (CD)** should be submitted.

The Thesis should be in the specified format as given below:

- The back and front cover of the Thesis copy should be in *Maroon Color.*
- The Thesis should be typed in 1.5 spacing using Times New Roman font with 12 font size.
- Chapter heading: Bold/Caps 14 font size.
- Main Heading (Section): 12 font Bold
- Subsection Heading 12 font, bold, italic
- References in the thesis should be as per standard of International Journals (e.g. IEEE, Springer, Elsevier, etc. journals, the scholar must ensure that every reference cited in the text is also present in the reference list (and vice versa) and all references must be at the end of the Thesis.
- List of Publications (Papers, Conferences etc.) after references.
- Authors biography (Briefly descriptive in paragraph) along with the photograph. The sequence of the authors will be 1. Candidate, 2. Supervisor, 3. Co-Supervisor. Biography of any author should not exceed half of the page.
- Thesis should be printed back to back (both sides) but new chapter should start from a new front page.
- The sequence should be: Inner cover page, Candidate declaration, Certificate of the Supervisor(s), Acknowledgement, Abstract (not more than 4 pages), Table of contents, List of figures, list of tables, nomenclature followed by Chapters, References, Appendix, List of Publications and at last page brief Bio-data of the authors not more than 100 words (Scholars and Supervisor).

Requisite number of hard bound copies with soft copy **(CD*)** pasted on last page of thesis
[1. Central Library, 2. Departmental Copy 3. Supervisor (s). Candidate incorporating all the corrections suggested by the Thesis Examiners is to be deposited in the respective offices/departments.
CD: containing the final corrected copy of the Thesis in PDF format is to be submitted in the Dean (R&D) Office.
***Please mention on the CD with black CD Marker (1) Name of the candidate (2) Roll No. of the candidate (3) Title of the Thesis.**

RP-26

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Information Sheet for PhD Progress Presentation

Department of _____ Session 20 - , Semester_____

Univ. Roll No. **Date of Registration:**

Name of the Student:

Email: **Contact No:**

Name of Supervisor(s):

Thesis Title:

Presentation Category: Comprehensive/ State-of-Art/ Semester Progress Presentation

Status of Research work in Previous Progress Presentation:

Progress made in Research work after last progress Presentation (write 5-10points):

List of Publications till date:

Recommendation of Supervisor with comments:

(Name & Signature of Supervisor) **(Name & Signature of Student)**

Date:

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Project Proposal for Internal Seed Grant

Principal Investigator (PI):

Co- Principal investigator if any (Co-PI):

Designation/Department:

Project Category: Basic research, Applied Research (Process/product development), Technology development, any other.

Duration:

Structured Project Summary: (Maximum 500 words), please attached separate sheet if required.

Introduction with need to undertake the study:

Methodology:

Novelty:

Outcome:

International, and national status of R&D in the subject with justification of your study

Importance of the project in the context of current status

Budget claimed:

Project duration with Six months' milestone achieved:

S. No.	6-month period	Work carried out	Budget amount consumed	Achievement

Maximum Time duration to bring External Research Grant, after the completion of internal project (should not exceed 1 ½ years).
List of publications of PI and Co-PI in SCI/SCOPUS/ABDC relevant to the field in which project has been proposed.
Recommendation of DRDC (Minutes of DRDC meeting must be attached).

Signature of Applicant (PI)

RP-28

PH.D. SCHOLARS WITH NO GUIDE/SUPERVISOR ALLOCATION

Name of the Department:

S. No.	Name of the Candidate	Univ. Roll No.	Session of Admission	Coursework Completion Status (Completed/Going on)

Form: RP-29

Supervisor/ Co-Supervisor Details

Name of the Faculty Member: **Department:**

Designation: **Date of Joining:**

Year of Completion of Ph.D.	Area of Specialization /Domain for Ph.D. Guidance	Presently No. of Candidates Guiding/Supervising as Supervisor/Co-supervisor

Signature

RP-30

Project Proposal Evaluation for Internal Seed Grant

Project Title:

1. **Principal Investigator (PI): Designation/Department:**
2. **Co- Principal investigator (Co-PI):**

   Designation/Department:
3. **Project Category:**
4. **Duration of grant: Years**
5. **Project Summary:**
6. **Two best publications in the field by the PI in last five years and brief references to any patents filed or technologies developed:**
7. **Two best publications in the field by the Co-PI in last five years andbrief references to any patents filed or technologies developed:**
8. **Total Budget Claimed:**

Note:

Please put a tick (√) against each statement which you think is adequately addressed in the research proposal.
Give your comments in areas that need to be improved.

Criteria	**Tick** (√)	**Comments**
A. RELEVANCE & TECHNICAL QUALITY *1. Appropriate & clear conceptual framework* The research proposal: Research topic stated clearly Research question(s) stated clearly Is in line with the priorities listed by the college / organization Is relevant to the problems at the local / national level Has the potential for policy formulation to improve educational system and /or current practice Addresses efficiency & effectiveness		

2. Logical relationship between the conceptual framework & the problem of the study The framework is supported by sufficient literature on the research topic		
3. Research Method is explicitly & satisfactorily explained in terms of: Research design Pilot testing of questionnaires & instruments (validity) Sampling framework Data collection technique(s) Data compilation procedures Data analysis framework Dissemination of information		
4. Work Plan Duration of study Start & end date of study mentioned Name(s) of people responsible Expected outcome(s) Limitations & potential benefits of the study spelt out Work plan realistic & achievable		
5. Budget Plan Total project cost spelt out clearly In line with financial rules & regulations		

Other comments:

Reviewed by: **Date:**

Name: **Signature:**

Name: **Signature:**

Verified by

Chairperson DRDC **Dean (R&D)** **Registrar**

Approved by **Vice-Chancellor**

RP-31

PHD EXTENSION

Name of the Student…… Univ. Roll. No……..
Department…… Date of first Registration…… Name of Supervisor(s):
Status: Regular/Part Time Semester Registration for:

Undertaking

I have understood the condition that after an extension of 1 year, if I will be not submitting the thesis with required eligibility even after this extension then my admission will automatically stand cancel.

Current Status of Thesis and Publications:

Thesis Stage:

Publication Details (including title, journal name, indexing etc.):

Signature of Student

Supervisor(s) Comments:

Signature of Supervisor(s)

Forwarded by: **Chairperson –DRDC Recommended by:** **Dean (R&D)**

Approved by: **Chairperson (Academic Council)**

A Thesis

Titled

Electrochemical Detection of Dopamine, Guanine and Uric Acid Using Nano-Composite of Spinals and Rare-Earth Ortho-Ferrite with Carbon Paste Electrode

Submitted for the partial fulfilment of the requirement for the degree

of

DOCTOR OF PHILOSOPHY

In

CHEMISTRY

By

Akash Sharma

(Univ. Roll No.)

Under the Supervision of

Name
Supervisor
Designation
Affiliation

Name
Co-Supervisor
Designation
Affiliation

GLA University, Mathura- 281406 (U.P.), India
September, 2023

Candidate's Declaration

I Akash Sharma, do hereby solemnly affirm and declare that:

- The work contained in this thesis is original and has been done by myself under the supervision of my supervisor(s).
- This work has not been submitted to any other institute/ university/for any degree or diploma.
- All the standard guidelines prescribed by the university are followed in writing the thesis.

- All the materials used for data, practical analysis and text from all sources have been given credit in the thesis along with detailed references.
- All materials quoted from different sources have been marked with quotation marks.

(Akash Sharma)

he is to certify that the above statements made by the candidate are correct to the best of my knowledge.

Name
Supervisor
Designation
Affiliation

Name
Co-Supervisor
Designation
Affiliation

GLA University, Mathura- 281406 (U.P.), India

Certificate from the Supervisor

This is to certify that the thesis titled **"……."**, is the bonafide work of Mr./Ms who has carried out thesis work under my supervision. Certified further that to the best of our knowledge, the work reported herein does not form part of any other thesis report or dissertation based on which a degree award was conferred on an earlier occasion on this or any other candidate.

Name
Supervisor
Designation
Affiliation

Name
Co-Supervisor
Designation
Affiliation

Date:
Place:

GLA University, Mathura- 281406 (U.P.), India

Acknowledgement

(Akash Sharma)

Table of Content

Date – 13-07-2023

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RP- 32

Thesis Title

Name of Candidate: **Univ. Roll No.:**

Department: **Date of Registration:**

Date of Passing the Comprehensive Examination:

Date of State of Art:

Name of Supervisor(s):
(with Designation & Affiliation)
Thesis Title:

Note: The Title finalized at this stage shall not be changed.
The date of Two (02) viva cannot be same. (Must have a gap equal to a semester)

Supervisor(s)	**Internal DRDC Member** **Name:**	**External DRDC Member** **Name:**
Forwarded by:	**Chairperson – DRDC** **Name:**	**Head of Department** **Name:**

Recommended by: **Dean (R&D)**

Approved by: **Chairperson (Academic Council)**