

United University

Prayagraj

List of Documents Required at the Time of submission of the Ph.D Thesis

1. Personal Details Form (Only English)
2. Thesis Submission Form
3. Enrollment Certificate
4. Completion Certificate of Coursework
6. Name Change/Name Clarification Certificate
7. Supervisor Change/Co Supervisor (if required)
8. Copy of the approval of the Final Ph.D Thesis Title form the DRC
9. Two Research Paper in SCI/Scopus/ ABDC/refereed journal should be published.
 - 9a. thesis has been certified by the Supervisor and the HOD/Dean
 - 9b. Attach Photocopy of Publish Paper with ISSN No. (Print Back to Back)
 - 9c. The Student Name in the Publication should be same as that Registered in University Registration
10. Two Paper Presentations (Oral or Poster) in Conference/Seminar related to Thesis topic
 - 10a. Attached Photocopy of Participation Certificate for one Conference Presentation
11. Plagiarism Verification Report Duly Signed by Librarian, Research Scholar & Supervisor/Head with seal.
 - 11a. Should be within 5 Days of Thesis Submission.
 - 11b. Similarity index must be Less Than 10%
12. 03 Hard Copies of Thesis (3 Hard Bound+1Soft Bound)
 - 12a. 03 Soft copies of Thesis in Pen Drive(PD) (PD includes Front Page, Signed Certificate and all Chapters. (References, Publications, Bibliography, Appendix, Abbreviations, Figures, Tables, if required)
 - 12b. 3 PDF file of Abstract.
 - 12c. Write Research Scholar Name, Department & Supervisor Sign in the first page of the PD .

12d. PD must have Soft copy of thesis and abstract with in 20MB Size.

13. 03 Hard Copy of Abstract with Scholar Name, Department and Thesis Title.

14. Thesis Submission Fee will be submitted after verification of all documents and thesis in the Account office on all working days.

(From 1)

UNITED UNIVERSITY

Personal Details Form



“Please fill all the details Correctly/Clearly and format as Appear on Result/Degree”

S.No	Student Name (S/O, D/O)	Mr/Mrs						
1	In English (Capital Letter)							
2	Registration No							
3.	Year of Registration							
4	Faculty/ Department							
5	Title of Thesis							
6.	Full Address (Resident)							
		State:						
		PIN Code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
7.	Email address							

8	Contact No													
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9.	Supervisor Name													
10	Supervisor Contact No													
11	Supervisor email ID													
12	If Required													
13	Co Supervisor Name													
14	Co Supervisor Contact No													
15	Co-Supervisor Email-id & Affiliation													

Supervisor/Head/Dean

Signature of Candidate

(Signature with Seal)

Form-2

To,

Controller of Examination

United University

Subject: Regarding Identification certificate

Sir,

It is to certified that Mr./Ms. _____, a student of Ph.D in the Department of _____ Department /Faculty of _____, is submitting/has submitted thesis on (topic of thesis) : _____

_____ The name of Mr./Ms. _____ has been mentioned as _____ in the research publication entitle _____

_____ in the journal. I hereby affirm that _____ and _____ are the name of one and the same person.

Yours Faithfully,

Supervisor (Signature and Seal)

Verified by

Head/Dean of the Department

(Signature with seal)

Form-3
Publication Certificate

To,
The Controller of Examination
United University
Prayagraj

Sir,

It is to certified that Mr./Ms. _____, a student of Ph.D in the
Department/Faculty of _____ Faculty of
_____, is submitting/has submitted thesis on (topic of thesis):

_____ & _____ has
published/accepted(tick one) for publication the following research paper in refereed journal after admission of
Ph.D Course:

1. Title of Research Paper(with Publication Details) : _____

ISSN No : _____ Copies of reprints/acceptance letter is attached.

He/She fulfilled the requirement of publication one research paper in a refereed journal as per
UNIVERSITY Ordinance Dated 6th june, 2021)

Yours Faithfully,

Verified by

HoD/Dean

Signature

Supervisor (Signature)

Form-4

Conference /Seminar Participation Certificate

To,
The Controller of Examination
United University
Prayagraj

Sir,

It is to certified that Mr./Ms. _____, a student of
Ph.D in the Department of _____
Faculty of _____, is submitting/has
submitted thesis on (topic of thesis): _____

Further he/she has presented two papers in the following Conference/Seminars after admission to Ph.D Course.

1. Title of Presentation: _____

_____ in the
Conference/Seminar: _____ held at
: _____ as National/International
(Tick One) Level on Date ___/___/20__ as Oral/Poster (Tick One).

2. Title of Presentation: _____

_____ in the
Conference/Seminar : _____ held at
: _____ as
National/International (Tick One) Level on Date ___/___/20__ as Oral/Poster (Tick One). He/She fulfilled the
requirement of Two conference/seminar presentations (Oral/Poster) as per University Ph.D Ordinance Dated 6th
August, 2021)

Supervisor

(Signature)

Verified by

**Head/Dean of the Department
(Signature with seal)**

Form-5

UNITED UNIVERSITY

PLAGIRISM VERIFICATION

Date:

1. Title of Thesis _____

_____ Total Page

2. Name of Research Scholar

3. Supervisor

4. Department/Faculty

This is to report that the above thesis was scanned for similarity detection. Process and outcome is given below

5. Software Used

Dated

6. Similarity Index

Total word count

The complete report is submitted and review by the supervisor /HoD

Checked by

**Deputy Librarian
Signature with Seal**

The complete report of the above thesis has been reviewed by the undersigned

I. Similarity index below the accepted norms

II. Similarity index above the accepted norms , because of the following reasons

1.

2.

3.

Thesis may be considered for the award of degree (Relevant Document attached)

Research Scholar

Supervisor

Form-6

UNITED UNIVERSITY

CERTIFICATE OF ORIGINALITY

Department

United University

The research work embodied in this thesis entitled
“

_____” has been carried out by me at
the Department of _____, United University, U.P India. The manuscript has been subjected to
plagiarism check by _____ software. The work submitted for consideration of award of Ph.D is original.

Name and Signature of the Candidate Date : ____/____/20____

Application to Appointment of Examiner to evaluate Thesis

UNIVERSITY RESEARCH ADVISORY COMMITTEE

UNITED UNIVERSITY

The Head,

Department of _____,

United University,

Prayagraj.

Dear Sir/Madam,

In conformity with the provisions as contained in Ph.D Ordinance..... I/We am/are writing this to inform you that Shri/Miss/Mrs. _____ who has been pursuing research

on

_____ under my/our supervision since

_____ and has completed his/her work. This work in my/our considered opinion is

worthy of consideration for award of the Ph.D. Degree and can be submitted within three months from the date of Pre-Ph.D.

Seminar.

I/We request that necessary steps for the appointment of examiners to evaluate the thesis may kindly be taken by the Department.

Yours faithfully, SUPERVISOR/(S)

