

APPENDIX – V
(LIST OF FORMS)

APPENDIX - V
LIST OF FORMS
(Ph.D. Programme)

Form No.	Form Title
VSSUT/PGSR/601	APPLICATION FOR ADMISSION TO Ph.D. PROGRAMME
VSSUT/PGSR/602	SCRUTINY OF APPLICATIONS FOR ADMISSION TO Ph.D. PROGRAMME
VSSUT/PGSR/603	RECOMMENDATION FOR ADMISSION TO Ph.D. PROGRAMME
VSSUT/PGSR/604	OFFER OF ADMISSION TO THE Ph.D. PROGRAMME
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VSSUT/PGSR/610	SEMESTER REGISTRATION (FOR Ph.D. STUDENTS)
VSSUT/PGSR/611	APPLICATION FOR REGISTRATION OF STUDENTS FOR Ph.D. DEGREE
VSSUT/PGSR/612	OFFICE ORDER FOR REGISTRATION OF STUDENTS FOR Ph.D. DEGREE
VSSUT/PGSR/613	APPLICATION FOR WITHDRAWAL AND SUBMISSION OF THESIS FROM OUTSIDE
VSSUT/PGSR/614	OFFICE ORDER FOR WITHDRAWAL AND SUBMISSION OF THESIS FROM OUTSIDE
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VSSUT/PGSR/616	PROPOSAL FOR SUBMISSION OF SYNOPSIS OF Ph.D THESIS
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VSSUT/PGSR/619	CERTIFICATE FORMAT FOR SOFT COPY OF THE SYNOPSIS AND THESIS
VSSUT/PGSR/620	DECLARATION OF SUPERVISOR & SCHOLAR FOR PLAGIARISM FREE THESIS
VSSUT/PGSR/621	PLAGIARISM VERIFICATION FORMAT WITH SOFTWARE
VSSUT/PGSR/622	CLEARANCE FROM ALL CONCERNED SECTIONS
VSSUT/PGSR/623	ACKNOWLEDGEMENT ON RECEIPT OF Ph.D THESIS FOR EXAMINATION
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VSSUT/PGSR/625	SUMMARY OF EXAMINERS' REPORTS ON Ph.D THESIS
VSSUT/PGSR/626	RECOMMENDATION OF THE DOCTORAL RESEARCH COMMITTEE ON REPORTS OF EXAMINERS
VSSUT/PGSR/627	REPORT ON DEFENCE OF Ph.D DEGREE
VSSUT/PGSR/628	FORMAT FOR SUBMISSION OF Ph.D. THESIS IN SHODHAGANGA
VSSUT/PGSR/629	APPLICATION FOR ISSUE OF PROVISIONAL CERTIFICATE
VSSUT/PGSR/630	ACKNOWLEDGEMENT OF RECEIPT OF REVISED Ph.D THESIS HARDCOPY & SOFTCOPY



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/601

No. VSSUT/ / /20

Date:

<u>For office use only</u>	
Serial No. of the Applicant: _____	Dealing Assistant
.....	
<u>Recommendation of Departmental Academic Committee</u>	
<input type="checkbox"/> The candidate may be called for Written Test/Interview. <input type="checkbox"/> The candidate is not suitable for admission to Ph.D. programme of the Department (Give reason). <input type="checkbox"/> Does not satisfy short listing criteria. <input type="checkbox"/> Others (specify)	
<u>Head of the Department</u>	

Paste here your recent passport size
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Application for Admission to Ph.D. Programme

1. Programme of study : Ph.D.(Engineering/Architecture/Science/Hum)
2. Department to which Applying for : _____
3. Name of the candidate in full : _____ (Block Capital letters)
4. Father's Name : _____
5. Proposed Research Area (Broad area only): _____
6. Address for Communication : _____

Telephone: _____ Mob: _____ Email: _____

7. Date of Birth: _____ 8. Sex : Male/Female 9. Marital status: Married /Single
10. Whether GEN/SC/ST _____ 11. Nationality: _____ 12. Mother Tongue: _____
13. Category of studentship: _____

- | | |
|---|--|
| 1. Full Time student with University Fellowship/Assistantship | 6. Project scholars/staff of VSSUT |
| 2. Full time student with External Fellowship(UGC/CSIR etc.) | 7. QIP Scholar |
| 3. Full time student without Fellowship | 8. Sponsored student |
| 4. VSSUT Faculty members | 9. Sponsored student from Burla and vicinity |
| 5. VSSUT regular employees(Non-teaching) | |

- Candidates applying for more than one department are required to submit photo copies of application form and certificates for each department applied for.
- VSSUT regular employees must enclosed administrative permission from the institute.
- Project staff and fellows must enclose administrative permission from Dean, (SRIC/CE); the project must have tenure of at least 18 months beyond the expected date of joining in the Ph.D. Programme.
- In case of candidates belonging to categories 8, Part-II of the application form filled up by the sponsoring authority must be attached.
- In case of candidates belonging to category 9, Part-III of the application form filled up by the sponsoring authority must be attached. The candidate is also required to give an undertaking in a non-judicial stamp paper to complete all the academic requirements of the University related to the Ph.D Programme while working at his/her parent organization at the time of admission.

14. Academic career: (Enclose attested copies of the certificates and marksheets/grade cards showing the percentage of marks (CGPA) from H.S.C Examinations or equivalent)

Name of Exams	Institute/University	Year of passing	Branch/Subjects studied	Percentage of Marks/CGPA

15. Gate NET Score: Subject: _____ Score: _____ Year: _____

16. Experience if any:

Organization	Position	Duration	Nature of job

17. Previous Research work and publication, if any: (Enclose copies of published or unpublished work)

18. Record of past study as a sponsored candidate, or other contractual obligation, if any:

I do hereby declare that the information furnished in this application is true to the best of my knowledge and belief. If admitted, I shall abide by rules and regulations of the University and Hall allotted to me. If any information furnished in this application is found to be untrue, I am liable to forfeit the seat allotted to me any time in future and legal action be taken against me.

Date.....

Full signature of the Applicant

Enclosures:

PART – II (Category-8)

**For Sponsored candidates only
(To be filled up by the employer sponsoring the candidate)**

1. Name of the Employer : _____

2. Name, Designation and Address: -

_____ of Administrative Officer/HR

Manager

Phone : _____ Fax : _____

Email : _____

3. Name of the employee seeking

Admission at VSSUT : _____

4. Designation (Regular) : _____

5. (a) First joined on(date) : _____

(b) Holding the present position : _____
since(date)

(c) Nature of Job : _____
(R &D, Design, Production, Marketing, Administrative, Other)

b) (d) Brief description of job : _____
Assignment for the next

three year _____

(Relevant assignment only) : _____

6. Reasons for sponsoring the candidate: _____

to Ph.D. Programme : _____

Full time study at VSSUT with deputation from the organization (3 years for Ph.D.)

Study at VSSUT while working at our organization after satisfying the minimum residential requirement of 6 months.

Certified that Mr./Ms. _____ employed as
in this organization is sponsored for admission to the Ph.D. Programme of VSSUT, Burla. This
organization recognizes that his/her education and the consequent least two year in a regular cadre.
During his/her studies at VSSUT, he/she will be on deputation from this organization 3 years/6 months
to satisfy the residential requirement. On completion of the programme he/she will continue to be
employed by our organization.

Date.....

Signature of the Competent Authority with seal

PART – III (Category-9)

**For Sponsored candidates only
(To be filled up by the employer sponsoring the candidate)**

1. Name of the Employer : _____

2. Name, Designation and Address :

_____ of Administrative Officer/HR

Manager

Phone: _____ Fax: _____

Email: _____

3. Name of the employee seeking Admission at VSSUT : _____

4. Designation(Regular) : _____

5. a) First joined on(date) : _____

b) Holding the present position : _____
Since (date)

c) Nature of Job : _____
(R & D, Design, Production, Marketing, Administrative, Other)

d) Brief description of job Assignment for the next Three years : _____
(Relevant assignment only)

6. Reasons for sponsoring the candidate: _____

to Ph.D. Programme _____

Full time study at VSSUT with deputation from the organization (3 years for Ph.D.)

Study at VSSUT while working at our organization after satisfying the academic requirement Of the University related to the Ph.D Programme.

Certified that Mr./Ms. _____ Employed as _____ in this organization is permitted for admission to Ph.D Programme of VSSUT, Burla. This organization recognizes his/her education and consequent at least two years in regular position. If selected, he/she shall be given a permission letter from this organization at the time of admission to do the course work, appear examinations, and other related activities as per the academic requirement of the University while working at our organization.

Date.....

Signature of the Competent Authority with seal



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/602

No. VSSUT/ / /20

Date:

Scrutiny of Applications for Admission to Ph.D. Programme

No.VSSUT/PGSR/

Date _____

Applications for admission into Ph.D Programme are sent to your Department for scrutiny and recommendation for Written Test/Interview.

Number of applications:

Please return them with your recommendation before _____ / _____ / _____.

(Recommendation should be given on the application forms and a summary be given in this sheet).

Date of interview/Written Test:

Date:

Time:

Dean, PGS & R

To

Head, __Department

Please send your recommendation before the due date, so that candidate may be given enough time to make their travel plan for the Written Test/Interview.

Recommendation of the Departmental Academic Committee

1. Short listing criteria	
2. Serial Nos. recommended for Written Test & interview (Separate by comma)	
3. Serial Nos. recommended for interview (separate by comma)	
4. Serial Nos. not recommended for Written Test/Interview (reasons to given in the application forms)	

Names & Signatures of DAC Members

HOD & Chairman, DAC

To

Section Officer (PGSR)

The applications of the following candidates may be called for Written Test /Interview..

Written Test & Interview: Sl.No. _____

Approved/Not Approved

Dealing Assistant

Dean, PGS & R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/603

No. VSSUT/ / /20

Date:

RECOMMENDATION FOR ADMISSION TO Ph.D. PROGRAMME

No.VSSUT/PGSR/_____/20__

Date:_____

Based on your recommendation and the approval of Dean, PGS&R, the applicants for admission to your department have been called for the selection process. Kindly conduct written and /or oral test as per the regulations and forward your recommendation on this office immediately after the process is completed.

Department : _____

Date and time of written test/ interview : Date: Time:

Number of applicants called for written /interview: _____

Section Officer (PGS&R)

To Head, _____ Department

(Recommendations of the Departmental Academic Committee)

The departmental Academic Committee evaluated the candidates as per the University Rules and recommends the following candidates, in order of merit, for admission in to Ph.D. Programme.

Sl. No.	Application No.	Name	Category of student* (1-9)	Supervisor	No. of Ph.D Scholar has already been admitted under the Supervisorat VSSUT, Burla and Other universities	Has the allotment been as per the Ph. D Regulation of the University vide Clause No.4.11 (Yes/No)	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

1.For sponsored candidates, the DAC is satisfied that the candidates meet the criteria set in the Ph.D. regulations of the University.

2. At least one faculty member of the department is willing to supervise each student if the student opts for him/her as supervisor.

Signature of Members of DAC

HOS/ Chairman, DAC

Head of theDepartment

Serial Nos. _____ in the list are recommended for given admission.

Approved as suggested/Approved as per the following modifications

Dean (PGS & R)

Vice-Chancellor

***Category of student:**

- (1) Full time student with University Fellowship/Assistantship.
- (2) Full time student with External Fellowship.
- (3) Full time student without Fellowship.
- (4) VSSUT Faculty.
- (5) VSSUT regular employees (Non teaching)
- (6) Project Scholars / Staff members
- (7) QIP Scholars
- (8) Sponsored student
- (9) Sponsored student from Burla and vicinity.



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/604

No. VSSUT/ / /20

Date:

OFFER OF ADMISSION TO Ph.D. PROGRAMME

No.VSSUT/PGSR/ / Date:_____ To

Sub : Offer of Admission to Ph.D

Programme

Dear Student,

I am happy to inform you that, on the approval of competent authority, the University is pleased to offer you the admission into the Ph.D Programme in the Department of _____

_____ under category“ _____ ”

with/without fellowship of Rs._____per month, and enhancement as per rules.

You are advised to report to the PGS&R Section on _____in working hours and to collect the prescribed form **VSSUT/PGSR/605** (Application for enrollment in Ph.D Programme).

Thereafter, you are required to report the Head of Department for verification of your academic qualifications, allotment of supervisor(s), and nomination of DRC members.

Then, the application forms for enrolment (**VSSUT/PGSR/605**) duly completed by you and the concerned Head of the Department shall be submitted to Academic Section within **03** working days for enrolment after depositing necessary fees.

You are required to bring all the original documents with one set of Xerox copy and required fees while reporting for admission into Ph.D Programme as furnished overleaf.

With best wishes,

Yours sincerely,

Dean, PGS&R

LIST OF DOCUMENTS TO BE PRODUCED AT THE TIME OF PROVISIONAL ADMISSION

1	High School Certificate Examination or other equivalent Examination Certificate
2	Memorandum of Marks of High School Certificate Examination or equivalent Examinations
3	Pass Certificates of I.Sc/+2 Science/Diploma (Engg. Etc.) Examinations
4	Memorandum of Marks of I.Sc/+2 Science/Diploma (Engg. Etc.) Examinations
5	Pass Certificate of BE/B.Tech/B.Sc or other equivalent Examinations
6	Memorandum of Marks of BE/B.Tech/ B.Sc. or other equivalent Examinations
7	Pass Certificate of M.E/M.Tech/M.Sc./M.Phil/M.A/MBA Examinations
8	Memorandum of Marks of M.E/M.Tech/M.Sc./M.Phil/M.A/MBA Examinations
9	College Leaving Certificate in original issued by the institution last attended
10	Conduct Certificate in original issued by the institution last attended
11	Certificate in support of SC/ST Category as the case may be
12	Migration Certificate in original
13	Medical Fitness Certificate from a registered doctor of Government Hospital
14	Two recent passport size & two recent stamp size colour photographs
15	Relieve Order from the Employer in original
16	Offer Letter from VSSUT in original
17	University Dues (Bank challan to be prepared at SBI or Syndicate Bank, Burla/ University Money Receipt)

FEES TO BE DEPOSITED AT THE TIME OF PROVISIONAL ADMISSION

Category	Particulars	Amount	
Regular Boarder	Admission Fees (one time)	250	Demand Draft in favour of VSSUT, Burla is to be prepared in any Nationalized Bank payable at Burla
	I.S.T.E.(one time)	140	
	Tuition Fee (per annum)	12000	
	University Development Fee (per annum)	7000	
	Hostel Development Fee for boarders (per annum)	1000	
	University Fee (one time)	3500	
	Caution Money (one time) (refundable)	2500	
	Internet Charges (per annum)	2000	
	Students Activity fee (per annum)	1500	
	Seat Rent/Elect.& Water charges (per annum)	3600	
	Horticulture Fees (per annum)	250	
	Total	33,740	
Regular Day Scholar	Admission Fees (one time)	250	Demand Draft in favour of VSSUT, Burla is to be prepared in any Nationalized Bank payable at Burla
	I.S.T.E. (one time)	140	
	Tuition Fee (per annum)	12000	
	University Development Fee (per annum)	7000	
	University Fee (one time)	3500	
	Caution Money (one time) (refundable)	2500	
	Internet Charges (per annum)	2000	
	Students Activity fee (per annum)	1500	
	Horticulture Fees (per annum)	250	
	Total	29,140	
Internal Candidate of VSSUT, Burla	Tuition Fee (per annum)	12,000	

Dean, PGS & R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/605

No. VSSUT/ / /20

Date:

APPLICATION FOR ENROLMENT INTO PH.D. PROGRAMME

1. Academic Programme: Ph.D (Engg/Arch./Science/Hum.) _____ 2. Department _____

3. Full name of the candidate: Mr/Mrs/Miss _____
(IN BLOCK CAPITAL LETTERS) (As per 10th Certificate)

4. Father's/Husband's Name _____

5. Mother's Name _____

6. Permanent Address _____

7. (a) Date of Birth _____ (b) Blood Group _____ (c) Student Category _____

8. Nationality _____ 9. Caste Status: SC ST General

10. Academic Qualification:

Standard	University/Institute	Degree	Year	% of Marks or CGPA	Board Subjects of Study
H.S.C					
H.S.S.C					
Graduation					
Post-Graduation					
Any other					

11. Relevant Working/Research Experience (if any)

Organization	From	To	Position held
1.			
2.			

Copies of Documents (published or unpublished) may be enclosed for record.

12. Details of present employer (if any) and financial support.

13. Broad area of research proposed _____

14. Category of studentship:

- | | |
|--|---|
| <p>1. Full time student with Institute Fellowship/ Assistantship (University Scholar)</p> <p>2. Full time student with External Fellowship members (UGC/CSIR etc.) Scholars</p> <p>3. Full time student without Fellowship financed/ self supported)</p> <p>4. VSSUT Faculty</p> | <p>5. VSSUT regular employees (Non teaching)</p> <p>6. Project Scholars (JRF/SRF/RA etc.) or project staff</p> <p>7. QIP</p> <p>8. Sponsored student (Institute/Research (self Organization/Industry) Sponsored local student (Part Time)</p> <p>9. Sponsored student from Burla & vicinity</p> |
|--|---|

15. (a) Assigned to Hall (If yes, order/permission letter to attach) _____

(b) Permitted to stay outside Hall (Yes/No) _____
(If yes, Xerox copy of permission letter should be attached)

Date.....

Full Signature of the Candidate

The application of the Candidate _____ is verified in the Department.

Signature of HOD

The following faculty members will serve as Supervisors of the Candidate:

1. _____ 2. _____

(The DAC should be satisfied that the proposed Co-supervisor meets the criteria set under the regulation)

The following members are recommended for the Doctoral Research Committee of the student:

- 1. _____ Head of the Department
- 2. _____ Supervisor1
- 3. _____ Supervisor2
- 4. _____ (from the Department where the candidate is enrolled)
- 5. _____ (from the Department where the candidate is enrolled or related Department)

*If Head of the Department is a supervisor, the Chairman will be nominated by the Dean (PGS &R).

(Signature of Members ,DAC)

Head of the Department

To Dean, PGS &R

- 1. Prof./Dr. _____, of the Department of _____ is nominated as member of DRC.
- 2. Prof./Dr. _____, of the Department of _____ is nominated as Chairman because the HOD is a supervisor.
- 3. The structure of the DRC as recommended by the DAC is approved as such / approved with the following modification:

4. The admission with all details may please be reported to the Academic Council in its next meeting.

Dean, PGS &R

To Dealing Asst. (Dean PGS&R) for records and necessary action.

Amount of fee paid Rs. _____ & the Institute Receipt No./Bank Challan TID No. _____ & Date _____ (Attach photo copy of the Institution Receipt/Bank

Challan) The student is assigned the following Registration Number:

Programme	Session	Department	Student Category	Registration No.

The enrolment of the student is approved with effect from

Dealing Assistant

Dean, PGS &R



No. VSSUT/ / /20

Date:

OFFICE ORDER
ENROLMENT OF Ph.D. STUDENT

The undersigned is pleased to convey the enrollment of the following student in the Research Programme of the Institute:

(To be filled by the candidate)

1. Name of Candidate :.....
2. Registration No. :.....
3. Department to which admitted :.....
4. Date of Enrolment :.....
5. Father's Name :.....
6. Permanent Address :.....
7. Date of Birth :.....
8. Category(SC/ST/GEN) :.....
9. Category of studentship (1-9) :.....
10. Highest Academic Qualification :.....
11. Regular Boarder/Day Scholar :.....
12. For sponsored student:
 - (a) Place of Employment :.....

(To be filled by the Office)

12. (b) The student is / is not permitted to take withdrawal after satisfying the course and residence requirements.
13. Name & Address of the Supervisors:
 - 1.....
 - 2.....
14. Doctoral Research Committee of the student:
 1. HOD of _____ Deptt. is Chairman or Prof./Dr. _____ is Chairman
[if HOD is Supervisor till he/she is in Headship]
 2. _____ Principal Supervisor
 3. _____ Co-Supervisor
 4. _____ Member
 5. _____ Member
 6. _____ Member (External)
15. The Chairman, DRC is requested to hold the meeting of the DRC for assigning course work and other actions as per Ph.D regulation.

Dealing Assistant

Dean, PGS&R

MemoNo.VSSUT/PGSR/

Date: _____

Copy to :

1. Student concerned
2. All members of DRC
3. Head, Department of _____
4. Dean, Student's Welfare
5. Prof. I/c VSSUT, Library
6. For sponsored students(Employer with address):
.....
.....

Dean, PGS&R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/607

No. VSSUT/ / /20

Date:

APPLICATION FOR PROVISIONAL REGISTRATION (FIRST DRC MEETING) IN Ph.D PROGRAMME

(This form must be submitted within one month of a student joining the programme)

1. Name of the Student _____ 2.Regn.No. _____

3. Name of the Department _____ 4. Date of Enrolment: _____

5. Caste Status: GEN/SC/ST _____ 6. Category of studentship: _____

7. Broad Area of Research proposed: _____

8. Brief description of research work proposed:
(To be filled jointly by the student and the supervisor(s) on a separate sheet)

9. Major equipment/facilities necessary to carry out the project and means of obtaining them. (To be filled jointly by the student and the supervisor(s) on separate sheet)

10. Research work already completed by the student (if any) (Attach published or unpublished document)

11. (a) Request for early submission (if any) based on work already done _____ months.
(Relevant documents enclosed.)

12. for sponsored students only (as per original application)
Does the student intend to carryout his/her work at the place of employment? Yes/No.

13. Proposed place of work _____
(For category 8 and9)

14. Facilities available _____

15. Plan of residence on campus: _____

16. Signature of student: _____ Date: _____

Recommendation of the Supervisor(s):

1. Date of commencement of Research work:

2. Comments: _____

Signature of Principal Supervisor

Name, Designation & address:

.....
.....

Signature of Co-Supervisor

Name, Designation & address:

.....
.....

Recommendation of the Doctoral Research Committee:

The DRC is satisfied that the proposed programme is prima facie, feasible to implement and adequate for the degree intended.

17. Course work recommended:

Sl. No.	Subject-Code	Course Title	Credits	Remarks
1				
2				
3				
4				

Total course Credits =

18. Past research work:

Documents examined: _____

19. Comments on place of work and facilities: Adequate/Inadequate

(DRC Member) (DRC Member) (DRC Member) (Supervisor) (Co-Supervisor)

(Chairman, DRC) (Head of the Department)

FOR OFFICE USE

Based on the recommendation of the DRC the candidate's provisional registration for Ph.D. is recommended.

Dean, PGS &R

Dealing Assistant

Approval of Vice-Chancellor

Note: The Academic Council should be informed on the Name of Student and Supervisor(s)



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/608

No. VSSUT/ / /20

Date:

OFFICE ORDER

Provisional Registration of student for Ph.D. Degree

The undersigned is pleased to convey the approval of the Vice-Chancellor for provisional registration of the following candidate for the Ph.D. Degree.

1. Name of the Student.....

2. Regn. No..... 3. Department.....

4. Date of Enrolment..... 5. Category of Studentship (1-9):.....

6. Supervisor(s): (1)(Principal Supervisor)

(2)(Co-Supervisor)

7. Whether registering for Degree is Engineering/Science/.....
 Humanities & Social Science

8. Broad Area of Research.....

9. Course Work Assigned:

Sl.No.	Subject Code	Course Title	Credits	Remarks (Semester)
1				
2				
3				
4				

10. Effective date of Provisional Registration :.....

11. Earliest date of thesis submission :.....

Dealing Assistant

Memo No. VSSUT/PGSR/ /20

Date:

Dean, PGS&R

Copy to:

1. Student concerned (through HOD)
2. Head, _____ Department
3. Supervisor(s) _____
4. Employer: _____

Dean, PGS&R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/609

No. VSSUT/ / /20

Date:

APPLICATION FOR LEAVE OF ABSENCE FROM CLASSES

[To be submitted in duplicate to the Department Office, Please do not submit to Dean (PGS&R) Section]

(Please do not use this form for visiting other institutions/industry for academic work)

Type of Leave Casual Leave Medical Leave Station Leaving on Duty
(Attach approval)

1. Name: _____

2. Registration No. _____ 3. Department: _____

4. Reasons for seeking leave (Give details):

5. Period: From _____ to _____

6. No. of working days absence: _____ *(for medical leave)*

7. No. of working days absence: _____ *(for casual leave)*

8. Leave already availed during the year: Medical _____ :Casual _____

9. Address during the leave with Tel. No. _____

10. I understand that this leave does not entitle me to extra classes, alternative examination or credit for class tests/home assignments.

Date.....

Signature of the student

Photocopy of medical certificate endorsed by University Medical Officer. In case of out station illness, all relevant medical papers are also enclosed along with endorsement by University Medical Officer.

Recommended for approval:

Noted in appropriate Leave Register

(Department Office Assistant)(Supervisor)

(Head of the Department)

Approved (Up to 15 days CL & ML)

Approved (Up to 30 days)

Approved

Recommended (Beyond 15 days CL & ML)

Recommended (Beyond 30 days)

Dealing Assistant

Dean, PGS& R

Head of the Department

To
 Head of the Department of _____ for records (Ph.D Students)

Copy to : Students concerned (through HOD)



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/610

No. VSSUT/ / /20

Date:

SEMESTER REGISTRATION FOR Ph.D SCHOLARS

1. Name (in capital letters):2. Registration No:.....
 3. Department.....4. Semester: Odd/Even: 5. Student Category (1-9).....
 6. Date of Enrolment:7. Hall of Residence: Room No.
 8. Withdrawal not granted granted vide Office Order No:Date:.....
 9. Broad area of research:.....

 10. Principal Supervisor:Co-Supervisor:.....
 11. Courses to be registered for:

Sl.No	Sub Code	Name of the subject	Contact hours			Credits	Remarks
			L	T	P		
1							
2							
3							
4							

12. Work proposed to be carried out during current semester.....

 13.

For Full time students	For students who have taken withdrawal
Months elapsed since enrolment: _____	Office Order No. and Date _____
Days of leave taken: _____	Date of withdrawal: _____
Days of unauthorized absence: _____	Organization where working: _____
Registration up to date: Yes/No	Registration up to date :Yes/No
Office Asst. _____ Supervisor _____	Office Asst. _____ Supervisor _____

Encl: (1) Photocopy of Fee Receipt for Institute dues

(2) Mess dues/Clearance from Hall (in case of withdrawal) Date:.....

Signature of student:.....

Endorsement with comments by the Supervisor and the Head of the Department/Centre

- The student is regular in attendance and work; Semester registration is recommended.
 The student, granted withdrawal, is continuously in contact and is regular in is work; Registration is recommended. The registration status is up to date; Semester registration is recommended.
 Registration status is not up to date, but necessary steps are being taken; Registration is recommended. Registration is not recommended.

Signature of the Principal Supervisor
 (or Co-Supervisor in his/her absence)

Signature of the Head, Deptt/ Centre

For Office use only

Semester Registration implemented

Approved/Not Approved

Dealing Assistant

Dean, PGS &R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/611

No. VSSUT/ / /20

Date:

APPLICATION FOR REGISTRATION SEMINAR OF Ph.D DEGREE

Part-A: To be filled in by the candidate and submitted along with seven (eight in case of 2nd Supervisor) copies of a report on the road map for future work – one for each DRC member, Department and PGSR Section copy.

1. Full Name of the candidate-.....
(IN BLOCK CAPITAL) (As per 10th Certificate)

2. Registration No..... 3. Department where enrolled:.....
(as allotted during enrolment)

4. Date of Enrolment:..... Category of studentship.....

5. Effective Date of Provisional Registration.....vide Office Order No.....

6. Registration for Ph.D Degree in Science, Engineering or Social Sciences Management

7. Course Work Completed: (including research credits)

Subject Code	Name of the subjects	Credits	Grade Obtained

8.(a) Date of commencement of Research work.....

(b) Research papers published/presented in seminars.....
(Copies of publications may be attached)

9. Name and address of the Supervisor (s):

1.....

2.....

10. Broad title of the Research Topics:.....

11. Place(s) where the research work is being/will be carried out:

(a) Department.....

(b) Name and address of the Organization:.....
(in case of sponsored candidates)

(c) Whether withdrawn after completion of Course Work: Yes/No (if Yes, attach the copy of office order-Form614)

12. Fees paid : University dues upto.....Hall dues upto.....

Encl: Copies of report on work done so far and road map for future work.
(All DRC members, 1 Department copy, 1 PGSR Section Copy)

Date.....

Signature of the Candidate

For Full time students	For students who have taken withdrawal
Months elapsed since enrollment_____	Office Order No. and Date_____
Days of leave taken_____	Date of withdrawal_____
Days of unauthorized absence_____	Organization where working_____
	Residential requirement completed_____months
Office Asst _____ Supervisor _____	Office Asst _____ Supervisor _____

PART-B : RECOMMENDATION OF DRC

1. Attendance and work record of the student is: satisfactory, unsatisfactory
2. Date of comprehensive oral examination: _____, Grade obtained _____
3. a) Date of Seminar _____ (b) Number of persons present _____
c) Performance (i) in terms of quality _____ (ii) in terms of letter grade _____
d) (For unsatisfactory performance, action has to be taken as per Ph.D regulation)
4. Quality of report submitted: _____
5. Recommendation of DRC
 - (a) The work done, if any, prior to joining the programme is worth/not worth.
 - (b) The candidate be registered effective from _____ for Ph.D Degree in (Broad discipline): _____
 - (c) Earliest Date of Thesis Submission _____
 - (d) Part or work (for sponsored scholars only) can be done at the place _____

6. Signature of DRC members with date :

Name	Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____ (Supervisor)	_____
5. _____ (Co-Supervisor)	_____
6. _____ (Chairman, DRC)	_____

Head of the Department

PART – C (OFFICE USE ONLY)

Based on the recommendation of the DRC, the candidate's registration for Ph.D with effect from _____ is recommended/ Not recommended.

Dealing Assistant

Dean, PGS &R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/612

No. VSSUT/ / /20

Date:

OFFICE ORDER

Registration Certificate of students for Ph.D. Degree

The undersigned is pleased to convey the approval for registration of the following candidate for the Ph.D Degree.

1. Name of the Student:..... Regn.No.....
2. Department:..... Student Category (1 –9).....
3. Date of Enrolment:.....
4. Registration effective from:.....
5. Earliest Date of Thesis Submission:.....
6. Supervisor(s): (1)

 (2).....

7. Whether registering for Degree is Engineering/Science/Humanities & Social Science :
8. Broad Area of Research:.....

9. Course Work Completed:

Sl.No.	Subject Code	Course Title	Credits	Remarks
1				
2				
3				
4				

11. For sponsored candidates:
 - Whether permitted to work outside the Institute :(Yes/No).....
 - Place of work:
 - Residential requirement completed in..... months

Dealing Assistant

Dean, PGS &R

MemoNo.VSSUT/PGSR/ /20.....
 Date:_____

Copy to:

1. Student concerned (Through Head of the Department)
2. Head, _____ Department
3. Supervisor(s) _____
4. Employer: _____

Dean, PGS &R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/613

No. VSSUT/ / /20

Date:

Application for withdrawal and submission of Ph.D Thesis from outside (To be submitted only after successful completion of all course work and residential requirement)

1. Name: _____ 2. Regn.No. _____

3. Category of studentship _____ 4. Ph.D. Programme(Engg./Sc./HSS):.....

5. Date of Enrolment: _____ 6. Date of Registration: _____

7. Department: _____

8. Name of Thesis Supervisor(s): _____

9. Date from which withdrawal is sought: _____

10. Reason for withdrawal:

- To pursue research programme at the place of employment.
- To write and submit thesis from outside (Research work already completed)
- To take a temporary break and return to the University for completing the research programme
- Any other (specify) _____

11. Approval at the time of admission (For sponsored students)

- As per original request of the sponsors at the time of admission, the student is expected to pursue research work at the place of employment.
- The student is supposed to work full time in the University till completion of the project.

12. Arrangement made, or to be made for completion of thesis: _____

13. Address for communication: _____

Phone : _____ Fax: _____ E-mail: _____

14. Undertaking:

I undertake to do semester registration in time by paying all applicable dues every semester till submission of thesis. I also promise to remain in touch with my supervisor(s) continuously for carrying out my project. I shall abide by all applicable rules of the University.

15. Signature of the student _____ Date _____

16. Comments of Supervisor(s):

- (a) The student has worked for _____ years _____ months on his/her project
- (b) Coursework : All assigned course work completed
- (c) Experimental work _____ % completed
- (d) Collection of data from outside the institute, _____ % completed
- (e) Computational work: _____ % completed
- (f) Data analysis and interpretation: _____ % completed.
 - I am satisfied with the arrangement made proposed for carrying out the project.
 - Withdrawal recommended.

Supervisor

17. Recommendation of Doctoral Research Committee:

(DRC Member) (DRC Member) (DRC Member) (DRC Member) (DRC Member) (DRC Chairman)

18. Recommendation of the Head of the Department:

- Withdrawal recommended Withdrawal not recommended

Head of the Department

19. Observations of PGS&R Section:

- The student has completed assigned course work.
- The student is a sponsored candidate, and as per enrolment record, he is supposed to carry out His/her work at place of employment.
- The Student is not a sponsored student, but has completed the residential requirements of 06 months.

Dealing Assistant

20. Recommendation of Dean (PGS &R)

Dealing Assistant

Dean, PGS &R

21. Approval

- Withdrawal approved from _____ To be considered after second supervisor is selected Withdrawal request rejected

- To be reported to Academic Council in its next meeting.
- The thesis must be submitted before _____ (Date)

To **Dealing Assistant (PGS&R)**

Vice-Chancellor



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/614

No. VSSUT/ / /20

Date:

OFFICE ORDER

Permission of Withdrawal and Submission of thesis from outside by Ph.D Students

The undersigned is pleased to convey the approval of competent authority for withdrawal of the following student from the Research Programme of the institute and submit thesis from outside:

1. Name of the Candidate: _____
2. RegistrationNo. :

--	--	--	--	--	--	--	--	--	--

 3. Category of studentship _____
4. Department : _____
5. Date of Enrolment : _____ 6. Academic Programme: Ph.D Engg./Sc./HSS _____
7. Thesis Supervisors : (1) _____ (Principal Supervisor)
(2) _____ (Co-Supervisor)
8. Date from which withdrawal is granted: _____
9. Reason for withdrawal: _____

10. Address for communication: _____

Phone/Mobile No. _____ Fax _____ Email _____
11. Special points (if any) _____

The student is required to do semester registration every semester as per prevailing regulations and shall remain continuously in contact with his/her supervisors. The thesis must be submitted within the time limit set under the regulations.

Dealing Assistant

Memo No. VSSUT/PGSR/

Copy to :

1. The student concerned (through HOD)
2. Supervisor(s): _____
3. Head, Department of: _____
4. Employer of the student (if applicable): _____
5. Accounts Section/Central Library
6. Registrar/Dean(SW)
7. Student's personal records.

Dean, PGS&R

Date: _____

Dean, PGS&R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

Post-Graduate Studies & Research

Form: VSSUT/PGSR/615

No. VSSUT/ / /20

Date:

Verification of Research Papers Published in Referred Journals

Recommendation sheet to be accompanied once with the application for pre-submission seminar

Title of the Thesis (in Block Capital Letters)

.....Total no. of Pages.....

Name of Scholar (in Block Capital Letters).....

Supervisor(s) (1).....

(2)

Department.....

This is to certify that the above thesis is thoroughly verified for the **Research Papers Published in Referred Journals.**

The outcome is given below:

Details of Research papers published:

Sl. No.	Title of paper(s) published by the Ph.D Scholar as FIRST AUTHOR (related to the Ph.D Scholar's own research work)	Name of the Journal, Volume, Number, Pp (DOI)	Name of the Publishing House with Date and year of publication	Co-author(s) (If applicable)	Whether SCI or SCOPUS Indexed (Printout of the Proof is to be enclosed)	Whether UNPAID and without Processing/ Handling/ Annual Processing Charge/ Fees (Printout of the Proof, if available are to be enclosed)
1						
2						
3						

Signature of Scholar

Signature of DRC Members

Signature of HOS

Signature of HOD/ Chairman DRC

The complete report is submitted for review by the Supervisor(s). (Printout of the first page of the Research paper(s) and the printout of the proof of indexing in SCOPUS/SCI downloaded from SCOPUS / SCI site(s) are to be enclosed. Also the printout of the proof regarding Journal is UNPAID.) In addition to this, I have presented two research papers as FIRST AUTHOR in conferences(Proof are enclosed).

(Signature of Ph.D Scholar)

The **complete report of the above thesis related to the Verification of Research Papers Published in Referred Journals with** the printout of the proof regarding Journal is UNPAID, and proof of presenting two research papers as FIRST AUTHOR in conferences are forwarded and **recommended to Dean (PGS & R)** after thorough checking and review by the undersigned. (Tick mark in the Check Box, if applicable)

- The research papers are satisfying the accepted norms of this University. (*Ref.: Clause No. 14.1 of Ph.D Regulation*)
- The research papers are NOT satisfying the accepted norms of this University because of the following reasons:
 - 1.....
 - 2.....

The thesis may be considered for the award of relevant Degree applied for. (Relevant documents are attached)

Signature of Supervisor (s)

The **above thesis related to the Verification of Research Papers Published in Referred Journals and presentation in Conferences with** the printout of the proof regarding Journal is UNPAID, and proof of presenting two research papers as FIRST AUTHOR in conferences are forwarded and **recommended to Dean (PGS & R)** after thorough checking and review by the undersigned after the discussion in the DRC held on Date.....(Proceedings of DRC is enclosed).

Signature of the DRC members

Signature of the HOS/ Chairman, DAC

Signature of the HOD/ Chairman, DRC

Approval of the Dean, PGS&R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/616

No. VSSUT/ / /20

Date:

Proposal for Submission of Synopsis of Ph.D Thesis

Certified that research work of Shri/Ms./Mrs. _____
a student in the Department of _____ is nearly complete and
the candidate will be able to submit his/her dissertation within the time limit of two
months prescribed under the regulations. A synopsis of his/her proposed thesis may kindly
be accepted for initiating the evaluation process.

- Encl:(1) 02 copies of synopsis
(2) 02 copies of synopsis in electronic media (MS Word and PDF format)

Date: _____

Signature of Supervisor(s)

The student has made an oral presentation before the DRC and a general audience. The DRC members have reviewed the synopsis and heard the oral presentation. The student has completed the required number of course works and other related works as per provisional registrations. The DRC is satisfied that he/she can submit the thesis in 02 months. The list of possible external examiners (**Form VSSUT/PGSR/617**) is enclosed for approval.

The thesis will be / need not be seen by the Committee before submission.

HOS/ Chairman, DAC

HOD/ Chairman, DRC

Forwarded to the Controller of Examinations to submit the list of Examiners to Vice-Chancellor for Approval and serialization of list of examiners.

Dealing Assistant

Dean, PGS &R

Submitted to Vice-Chancellor for approval and serialization of the list of Examiners.

Controller of Examinations

Approved/Not Approved

Vice-Chancellor

N.B: This proposal is required to be sent to the PGSR Section with the panel of examiners on (**Form VSSUT/PGSR/617**) recommended by the DRC along with 02 copies of the synopsis.



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/617

No. VSSUT/ / /20

Date:

**Recommendations on Composition of Board of Examiners
for Adjudication of Ph.D. Thesis**

Date:_____

1. Name of the candidate(Full) : _____ Regn. No. _____
2. Department : _____
3. Effective Date of Registration : _____
4. Subject of Research/ : _____
Title of the Thesis : _____
5. Degree for which the thesis is to be submitted : Ph.D. in _____
6. Name(s) of Supervisor(s) : _____
7. Panel of names for composition of the Board of Examiners:

A For adjudication of thesis:

(a) External Examiners Panel 1: [From outside India] Detailed address given in Separate page.

(i) Name : _____
Designation : _____ Specialisation: _____
Affiliation Address: _____
Email ID: _____, Telephone (Office) _____

(ii) Name : _____
Designation: _____ Specialisation: _____
Affiliation Address: _____
Email ID: _____, Telephone (Office) _____

(iii) Name : _____
Designation: _____ Specialisation: _____
Affiliation Address: _____
Email ID: _____, Telephone (Office) _____

(iv) Name : _____
Designation: _____ Specialisation: _____
Affiliation Address: _____
Email ID: _____, Telephone (Office) _____

(v) Name : _____
Designation: _____ Specialisation: _____
Affiliation Address: _____
Email ID: _____, Telephone (Office) _____

Provide detailed information such as mentioned above along with the University Website (link) of the examiners, in separates sheets.

(b) External Examiners Panel II: [From India] Detailed address given in Separate page.

- (i) Name _____
Designation _____, Specialisation _____
Affiliation Address _____
Email ID: _____, Telephone (Office) _____
- (ii) Name _____
Designation _____, Specialisation _____
Affiliation Address _____
Email ID: _____, Telephone (Office) _____
- (iii) Name _____
Designation _____, Specialisation _____
Affiliation Address _____
Email ID: _____, Telephone (Office) _____
- (iv) Name _____
Designation _____, Specialisation _____
Affiliation Address _____
Email ID: _____, Telephone (Office) _____
- (v) Name _____
Designation _____, Specialisation _____
Affiliation Address _____
Email ID: _____, Telephone (Office) _____

Provide detailed information such as as mentioned above along with the University Website (link) of the examiners, in separates sheets.

The Doctoral Research Committee certifies that the candidate named above has presented his/her pre-submission held today, (Dt _____) and his/her performance was found satisfactory.

The committee has also scrutinized the synopsis of the thesis and certifies that the work is of the standard required. We recommended the composition of the Board of Examiners and viva-voce Board as given in A above.

SIGNATURE OF THE MEMBERS OF THE DOCTORAL RESEARCH COMMITTEE

1. _____ 2. _____
3. _____ 4. _____

Supervisor (s)

HOS/ Chairman, DAC

Head of the Department

Dean PGS&R

Approved in order of preference as marked on the margin

Vice-Chancellor



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/618

No. VSSUT/ / /20

Date:

Submission of Thesis by Ph.D. Student

Name of the student: _____ Regn. No. _____

Department: _____

Date of Enrollment : _____ Date of Registration: _____ Date of Submission _____

Title of the thesis:

I hereby submit my thesis to the Institute for consideration and award of Ph.D Degree

- Encl:
- (a) DRC Report
 - (b) 5 or 6 nos. of Thesis with 2 nos. CD (in both PDF & MS Word format)
 - (c) Similarity index (overall not exceeding 10% and from single not exceeding 3 %)
 - (d) Library requirement format
 - (e) Certificate from the Supervisor(s)/Scholar
 - (f) Bank Challan of Rs.13000/- towards Thesis Exam. Fee & issue of Degree Certificate
 - (g) Clearance Certificate from all concerned departments

Date

Signature of student

.....
Recommended for Acceptance for the purpose of evaluation.

Principal Supervisor
(or Co-Supervisor in his/her absence)

HOS/ Chairman, DAC

HOD/ Chairman, DRC

To: The Dean, PGS&R

.....
Recommended for the purpose of evaluation

Dean, PGS&R

To
The Controller of Examinations



No. VSSUT/ / /20

Date:

CERTIFICATE

Certified that the contents of the soft copy of the Synopsis and Thesis titled

“.....

.....

.....submitted by me is the same as that of the hard copy.

Date.....

Full signature of the Scholar

Address:

CERTIFICATE

I do hereby give my consent to upload my Ph.D thesis titled “.....

.....

.....in the

site of the Sodhganga (INFLIBNET)

Name &Address of the Supervisor (s)

1.

2.

Date.....

Full signature of the

Scholar Address:



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/620

No. VSSUT/ / /20

Date:

**DECLARATION OF RESEARCH SUPERVISOR FOR PLAGIARISM FREE
CONTENT IN THE DOCTORAL THESIS**

I Dr. _____ Certify that the thesis entitled

submitted by Sri/Smt/Ms. _____ Bearing Regn. No. _____

under my guidance and supervision is free from plagiarism to the best of my knowledge and belief.

Date:

(Signature of the Supervisor(s))

Address:

Mobile No.

Email Id:

.....

**DECLARATION OF RESEARCH SCHOLAR FOR PLAGIARISM FREE CONTENT IN
THE DOCTORAL THESIS**

I Sri/Smt./Ms. _____ bearing Regd. No. _____ Undertake

that the thesis entitled“ _____

_____”under the guidance and supervision of

Dr. _____(GUIDE) and Dr. _____(CO-GUIDE)

submitted by me for Ph.D Examination does not use any source or material without acknowledgement and with any plagiarized content. If any act of Plagiarism is proved in future the degree awarded consequent to evaluation would be liable to be withdrawn.

Date:

(Signature of the Research Scholar)

Address:

Mobile No.

Email Id:



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

Post-Graduate Studies & Research

Form: VSSUT/PGSR/621

No. VSSUT/ / /20

Date:

Recommendation sheet to be accompanied with the Ph.D / MPhil./ M.Tech /M.Sc./ Integrated MSc. / Dual Degree thesis / Dissertation during submission in pursuance to the provision of the relevant Regulation of the University.

Plagiarism Verification

Title of the Thesis (in capital letters):

.....Total no of Pages.....

Name of Scholar.....

Supervisor (s) (1).....

(2)

Department.....

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

Software used..... Date.....

The overall similarity index :.....The highest similarity index from a single source (other than author's publication)

Total word count.....

The complete report as generated by the software is submitted for review by the Supervisor/ HOD/ Chairperson, DRC.

(Research Scholar)

The **complete report of the above thesis related to the Verification of Plagiarism** is forwarded and **recommended** to Dean (PGS & R) after thorough checking and review by the undersigned. (Tick mark in the Check Box, whichever is applicable)

- The contents of the Hard Copy and Soft Copy of the above *thesis* are the same.
- The Similarity index is below accepted norms.
- The similarity index is above accepted norms, because of the following reasons:

Signature of Scholar

Signature of DRC Members

Signature of HOS

Signature of HOD/ Chairman DRC

- 1.....
- 2.....
- 3.....
- 4.....

The thesis may be considered for the award of relevant Degree applied for (Relevant documents are attached)

Signature of Research Scholar

Signature of Supervisor (s)

The **above thesis related to the Verification of Plagiarism** is forwarded and **recommended** to **Dean (PGS & R)** after thorough checking and review by the undersigned after the discussion in the DRC held on Date.....(Proceedings of DRC is enclosed).

Signature of the DRC members

Signature of the HOS/ Chairman, DAC

Signature of the HOD/ Chairman, DRC

Approval of the Dean PGS&R

****NOTE: 14.6.3 of Ph.D Regulations of VSSUT Burla:**

The guidelines for use of anti-plagiarism software for the Ph.D/M.Phil thesis are as follows: (i) The scholars have to certify that the Plagiarism Checker was used for checking the plagiarism. The name of the software used for checking plagiarism should be clearly mentioned and to this effect a declaration be attached in the thesis, (ii) The guide has to ensure checking against plagiarism through the software before submission of Ph.D/M.Phil thesis and endorse the undertaking of the scholar, and (iii) As per the Academic Regulations a maximum of three chances will be given to the research scholar, if the percentage of plagiarism exceeds the approved limit.

Keeping in view of recent trends in academic circles all over the world, the limits of similarity index are as follows:

- a) The overall similarity index shall not exceed 10 %.
- b) The similarity index from a single source (other than author’s publication) shall not exceed by 3%.
- c) The revised softcopy of the thesis after removing the plagiarism materials must be submitted by research scholar or 2nd or 3rd verification within maximum two months. If the thesis is not found within the approved similarity index mentioned above (a) the candidate be asked to submit the revised thesis with similarity index within limit after one year (provided it does not exceed the maximum period of 8 years as per Ph.D regulation).



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/622

No. VSSUT/ / /20

Date:

Mr./Miss. _____ Registration.No. _____
Branch _____ Semester _____ of _____ Programme for the Academic
Session: _____ has applied for issue of Ph.D. Thesis Submission. Any dues outstanding against
him/her may please be reported. If there is nothing outstanding please indicate 'Nil'.

Dealing Assistant

DEAN, PGS&R

NO DUES CERTIFICATE

Sl. No.	Name of the Department/Section	Dues Outstanding (if any)	Signature of concerned Officials	Signature of Departmental Head
1	Civil Engineering			
2	Mechanical Engineering			
3	Electrical Engineering/EEE			
4	Electronics & Telecomm Engg.			
5	Computer Science & Engg.			
6	Information Technology			
7	Production Engg.			
8	Metallurgical & Materials Engg.			
9	Chemical Engg.			
10	Architecture			
11	Physics			
12	Chemistry			
13	Mathematics			
14	Humanities			
15	Master in Computer Applications			
16	Central Library			
17	Accounts Section			
18	Dean, Students Welfare			
19	Workshop			
20	N.C.C.			
21	Athletic			
22	University Canteen			
23	Central Computer			
24	Central Internet Facility			
Hall of Residence				
25	Name of Hall of Residence:			



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/623

No. VSSUT/ / /20

Date:

Acknowledgement of Ph.D thesis received for Examination

No.VSSUT/PGSR/_____

Date:_____

Name of the student : _____

Registration No. : _____

Department : _____

Name of the Supervisor(s) : _____

Title of the thesis :

Received _____ copies of the above mentioned thesis from the Head, Department of _____ on _____ for examination as per Ph.D Regulations of the University. The Department will be informed by the University on the status of examination in due course.

It is certified that the student has completed all formalities related to his/her academic Programme and may Leave the University awaiting adjudication of his/her thesis.

Dealing Assistant

Dean, PGS&R

To

- (1) Head, Department of.....
- (2) Student concerned.
- (3) Employer of student (if applicable)
- (4) Warden, _____ Hall.



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/624

No. VSSUT/ / /20

Date:

RECOMMENDATION OF EXAMINERS ON Ph.D THESIS

Name of the Candidate _____ Regn. No. _____

Title of the thesis _____

(Please send detailed report on the thesis on separate sheet, and specific recommendation by ticking any one of the following option)

I. The thesis meets the academic standard necessary for award of Ph.D degree in Institutions of higher learning around the world. It may be accepted for award of the Ph.D degree in its present form.
OR

II. The thesis is acceptable subject to clarification of certain points at the time of viva-voce (List of points enclosed)
OR

III. The thesis is acceptable subject to modification/clarification/revision, as per enclosed detail. After modification the thesis need NOT be referred back to me.
OR

IV. The thesis is acceptable subject to further work/modification/substantial revision of text, as per enclosed details. After modification the thesis should be referred back to me for final assessment.
OR

V. The thesis does not meet the standards of comparable work in institutions of higher learning. It is rejected.

N.B.: For all the above cases (I to IV) the thesis must be thoroughly revised and necessary revisions must be incorporated in the revised thesis, if any of the examiners suggests/ recommends any changes. In addition, a clarification/response to the examiners' comments must be attached at the end part of the revised thesis.

Name of the Examiner _____

Affiliation: _____

Designation: _____ Signature of Examiner _____

Place: _____

Date _____

- N.B :
1. A detailed Report should be enclosed in a separate sheet
 2. It is expected to receive the report within six weeks counting for the date of receiving the hard copy of the thesis. (Thesis need not be returned unless it contains instructions for corrections).
 3. The University requires a signed report from the examiner. Please return it to:

Controller of Examinations,
VSS University of Technology,
Burla PO-Burla Engineering
College
Dist- Sambalpur – 768018, Odisha
(India) E-mail : coe@vssut.ac.in



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/625

No. VSSUT/ / /20

Date:

SUMMARY OF EXAMINERS' REPORTS ON Ph.D THESIS

No.VSSUT/PGSR/ _____ Date.....

Name of the Candidate : _____

Regn. No. : _____

Department/Centre : _____

Title of thesis : _____

Date of registration : _____

Date of submission : _____

External examiners : (1) _____
(2) _____

Supervisor(s) : (1) _____
(2) _____

Reports on the Ph.D thesis of the candidate have been received from the examiners and are enclosed herewith for review.

CONTROLLER OF EXAMINATIONS

REMARKS OF DEAN, PGS&R

Summary of reports:

Dean, PGS&R

REMARKS OF VICE-CHANCELLOR

The reports of the examiners may be reviewed by the DRC in light of the observations of Dean, PGS&R and the recommendations of the DRC be sent to the Vice-Chancellor for approval. The HOD may, if the DRC thinks fit, give copies of the reports to the student to make necessary changes in thesis if so advised by the examiners.

Vice-Chancellor



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/626

No. VSSUT/ / /20

Date:

RECOMMENDATION OF THE DOCTORAL RESEARCH COMMITTEE ON REPORTS OF EXAMINERS

1. Department : _____ Date: _____

2. Name of the Candidate : _____ Regn. No. _____

3. Date of Registration : _____

4. Title of the Thesis : _____

5. Whether Adjudicator's Report unanimous and favorable, if not state difference : _____

6. Observations if any, of the Committee : _____

7. Changes made in the thesis, if any (Attach separate sheet)

8. Proposed date, time, venue of Viva Voce Examination : _____

9. We have considered the reports of the members of the Board of Examiners and recommend that the candidate may now be asked to appear for a viva-voce examination by the Board already formed. We also recommend that on the favourable report of the viva-voce Board one candidate be admitted to the Degree of Doctor of Philosophy in _____.

10. Proposed Name, Designation: _____
and Address of External Viva-Voce Examiner _____

Signature of the members of the Doctoral Committee:

1. _____ 3. _____
2. _____ 4. _____

Supervisor

Supervisor

HOS/ Chairman, DAC

HOD/Chairman, DRC

Dean, PGS&R

Vice-Chancellor



No. VSSUT/

/

/20

Date:

REPORT ON DEFENSE OF Ph.D DEGREE

Department : _____ Date: _____

Name of the Scholar : _____ Regn. No. _____

Title of the Thesis : _____

Review of Examiners' report :

1. Examiner I : Prof./Dr. _____

2. Examiner II : Prof./Dr. _____

3. Supervisor(s) : Prof./Dr. _____

: Prof./Dr. _____

Date of Viva-Voce : _____ Number of persons present in Seminar: _____

Recommendation :

(a) Performance : _____

(b) Degree (if recommended) to be awarded : _____ Ph.D Programme IN ENGINEERING/SCIENCE/HSS

Modifications/Corrections as suggested by External Examiner have been incorporated and modified version of the thesis submitted.

Signature of members of Doctoral Research Committee/ board of viva-voce examiners: Member

Member

Member

Member

Supervisor

Co-Supervisor

External Examiner

HOS/ Chairman, DAC

HOD/ Chairman, DRC

1. Received two copies of the **corrected** bound thesis signed by all DRC members & Examiners.
2. Received two soft copies of the **corrected** thesis in the form of CD containing MS-WORD and PDF files.
3. The copies of thesis in paper and electronic form will be sent to Central Library if approved by the Dean, PGS&R.
4. Detailed report of viva-voce by the Examiners & DRC members.
5. Attendance Sheet (Signature of participants in open viva-voce).

Dealing Assistant

The recommendation of the Panel of examiners may be accepted for award of Ph.D Degree.

Dean, PGS&R

The student is provisionally accepted for award of Ph.D degree, subject to approval by the Academic Council and BOM.

Vice-Chancellor



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/ 628

No. VSSUT/ / /20

Date:

VSS UNIVERSITY OF TECHNOLOGY, ODISHA, BURLA
FORMAT FOR SUBMISSION OF THESIS

University Name : Veer Surendra Sai University of Technology, Odisha, Burla

Department :

GUIDE/RESEARCHER

Name of Researcher :

Name of Guide :

DEGREE

Type of Degree (Ph.D./M.Phil./PG) :

Registration Date (DD/MM/YYYY) :

Completed Date (DD/MM/YYYY) :

Awarded Date (DD/MM/YYYY) :

THESIS DETAILS

Title (with Subtitle) :

Alternative Title (If Any) :

Abstract (Maximum characters: 2048) :

Note (If Any) :

Keywords (At least 10 keywords) :

Language :

Coverage (Reference to the broader subject area of the Thesis) :

Citation Reference (Total number of References in the Thesis) :

SUBMISSION DETAILS

Size (e.g., initial page: xii; all pages: 315) :

Dimensions (e.g., 35 cm):

Accompanying Material (CD/DVD) :

Please submit the soft copy of the Thesis to the Central Library, VSSUT, Burla as per the following format.

Creation of Metadata:

Proper metadata creation is very important for locating as well as for inters changing Resources between systems. Filling upon the data is to be done with care and diligence any error entered during the creation of metadata will lead into wrong display of thesis information. Special characters need to avoided during entry else data base will not accept the metadata and it will be stored in trash and system will not generate any auto feedback for such entry so that will make it difficult to our technical person to identify such unfinished and special character field metadata.












Splitting and Naming Convention:

In order to maintain quality, standards and uniqueness in all theses INFLIBNET Centre devised standards and formats based on international practices. This will give a proper photo print of physical appearance of the thesis with the same template available for individual thesis. Kindly Note that file name should be start with serial number like 01_title.pdf, 02_prelim pages.pdf, 80_Recommendation ..etc. An example of split files along with chapter wise naming is given below:

THESIS SPLITTING AND NAMING CONVENTION:

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EXAMPLE OF SPLIT FILES FOR UPLOAD IN "SHODHGANGA "

Name	Date modified	Type	Size
 01_title.pdf	12-03-2022 11:46	Adobe Acrobat D...	45 KB
 02_prelim pages.pdf	12-03-2022 11:48	Adobe Acrobat D...	17 KB
 03_content.pdf	12-03-2022 11:51	Adobe Acrobat D...	12 KB
 04_abstract.pdf	12-03-2022 11:52	Adobe Acrobat D...	25 KB
 05_chapter 1.pdf	12-03-2022 11:55	Adobe Acrobat D...	13 KB
 06_chapter 2.pdf	12-03-2022 11:57	Adobe Acrobat D...	18 KB
 07_chapter 3.pdf	12-03-2022 12:00	Adobe Acrobat D...	881 KB
 08_chapter 4.pdf	12-03-2022 12:02	Adobe Acrobat D...	5,259 KB
 09_chapter 5.pdf	12-03-2022 12:04	Adobe Acrobat D...	123 KB
 10_annexures.pdf	12-03-2022 12:06	Adobe Acrobat D...	56 KB
 80_Recommendation.pdf	13-03-2022 16:32	Adobe Acrobat D...	352 KB

- * **(Note: Add more files as per requirement; follow the Thesis files/chapters order.)**
- * prelim pages to be clubbed as (title + declaration + dedication + certificate + acknowledgment + list of table + graphs files)
- * annexure files to clubbed as (bibliography + references +questionnaire +maps + publications, etc)

N.B.: Please send the soft copy of thesis in spitted format as mentioned above as well as the whole thesis in a single file (both PDF and Word File) in a good quality CD/DVD (such as Meyerbeer, Sony, etc.) compact disc. The CD/DVD should be submitted with the CD case.



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
Post-Graduate Studies & Research (PGS&R)

Form: VSSUT/PGSR/629

No. VSSUT/ / /20

Date:

APPLICATION FOR ISSUE OF PROVISIONAL CERTIFICATE

1. Name of the student (in block letters)_____
2. Father's Name _____
3. Registration No. _____ 3.Branch _____
4. Date of Enrolment _____ 5. Student Category _____
5. Date of Programme Completion _____
6. Name of the Supervisor(s) _____

Signature of HOS

Signature of HOD

Full Signature of the Applicant with date

The following documents must be submitted with the application.

- a) Xerox copy of Result publication circular.
- b) Xerox copy of HSC/10th Pass Certificate showing father's name and date of birth.

Dealing Assistant

Recommended/Not Recommended

Dean, PGS & R



No. VSSUT/LIB /

/20

Date:

Acknowledgement of Receipt of Revised Ph.D thesis Hardcopy & Softcopy

Name of the student : _____

Registration No. : _____

Department : _____

Name of the Supervisor(s) : _____

Title of the thesis :

Received One Hardcopy of the revised Ph.D. thesis duly signed by all DRC members and Indian External Examiner and splitted PDF files (CD) of the revised Ph.D thesis for uploading in SODHAGANGA repository of the Ph.D Scholars _____ Department of _____ on _____.

Librarian/ Sr.Librarian
Central Library, VSSUT Burla
(with seal and signature)