Application Performa for Dr S S Kang Best PhD Thesis Award

1. Name of the applicant and Registration number:

Sign	nature of the Major Advisor	Signature of the Head of Department						
Signature of the applicant								
	Annual member Life member							
If y	ves then give year of membership							
15.	Whether member of the INSOPP	Yes/No						
14.	Number of papers published out of the thesis:							
13.	OCPA/ Percentage of marks:							
12.	Date of degree completion:							
11.	Date of thesis submission:							
10.	Date of Admission:							
9.	Practical Utility of the research:							
8.	Rationale of the research work:							
7.	Objectives of the research work:							
6.	Title of the thesis:							
5.	ame and address of Major Advisor:							
4.	Name of the department/Institute from where degree obtained:							
3.	Address, Email and Telephone No.:							
2.	Date of Birth:							

UNDERTAKING

It is nereby certified that myself Dr s/o or d/o of has completed											
my 	doctorate	degree	on	the	research under	problem ent		entit	led,	"	
						the	superv	vision	of	Dr	
			from								
			and ha	s not be	een awarded	any pi	rize/awa	rd for	the s	ame	
reseai	rch work.										
Signa	ture of applican	t				Signature of Major Advisor					