Mohi-ud-Din Islamic University Nerian Sharif AJ&K

THESIS SUBMISSION FORM FOR MS / M.PHIL. / PH.D. STUDENTS

NOTE:
1. *Please use capital letters only.*
2. *All verifications / clearances as indicated below, are necessary.*

1. STUDENT'S BASIC INFORMATION

NAME OF THE STUDENT

FATHER'S NAME

2. ACADEMICS

REGISTRATION NUMBER: - -

DEGREE ☐ PhD ☐ MS/MPhil

PROGRAM:

BASAR APPROVAL DATE: D D M M Y Y Y Y

COURSE WORK	*STARTED*	Semester ☐ SPRING ☐ FALL	*COMPLETED*	Semester ☐ SPRING ☐ FALL	
		DATE		DATE	
RESEARCH WORK	*STARTED*	Semester ☐ SPRING ☐ FALL	*COMPLETED*	Semester ☐ SPRING ☐ FALL	
		DATE		DATE	
CGPA	*THESIS SUBMITTED IN SEMESTER:* ☐ SPRING ☐ FALL		DATE		

Certified that all the information provided above is correct and I will be personally responsible if found in-correct at any stage.

Dated: _____

_____
SIGNATURE OF THE STUDENT

3. PLAGIARISM CHECK

a *It is certified that a plagiarism test through **Turnitin** has been conducted on MS/MPhil/PhD thesis titled as*

_____

_____

*submitted by **Mr./Ms./Mrs**.* _____

b *After the test similarity appeared to be _____percent, which is acceptable.*

_____
HEAD OF DEPARTMENT

_____
DIRECTOR QEC

4. SEMESTER-WISE STATUS OF FEE DEPOSITED

SEMESTER NUMBER	YEAR		YEAR		YEAR		YEAR		YEAR		YEAR		YEAR		YEAR	
	SPRING	FALL	SPRING	FALL	SPRING	FALL	SPRING	FALL	SPRING	FALL	SPRING	FALL	SPRING	FALL	SPRING	FALL
	PAID	PAID	PAID	PAID	PAID	PAID	PAID	PAID	PAID	PAID	PAID	PAID	PAID	PAID	PAID	PAID
FEE STATUS	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

a. *Thesis Evaluation Fee for **MPhil** ☐ Unpaid ☐ Paid Amount _____*

b. *Evaluation fee paid for **PhD** ☐ Unpaid ☐ Paid National Amount _____ Foreign Amount _____*

Dated: _____

_____
ACCOUNTS OFFICER SIGNATURE

5. EXAMINATION DEPARTMENT

a. *Thesis received on* _____
b. *Total period Spent* _____
c. *CGPA is of required level* _____
d. *Student status on CMS* _____

Dated: _____

_____
SIGNATURE OF THE EXAM OFFICER

6. REGISTRAR OFFICE

a. *Verify CMS Status* _____

_____
SIGNATURES OF THE REGISTRATION OFFICER

Dated: _____