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Form: VSSUT/PGSR/601

VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

For office use only

Serial No. of the Applicant: _____

Dealing Assistant

Recommendation of Departmental Academic Committee

- The candidate may be called for Written Test/Interview.
 The candidate is not suitable for admission to Ph.D. programme of the Department (Give reason).
 Does not satisfy short listing criteria.
 Others (specify)

Head of the Department

Paste here your
recent passport size
colour Photograph

Application for Admission to Ph.D. Programme

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

- 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 mark sheets/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:

Organisation	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)

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 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



Form: VSSUT/PGSR/602

VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
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. _____

Only Interview : Sl.No. _____

Approved/Not Approved

Dealing Assistant

Dean, PGS & R



Form: VSSUT/PGSR/ 603

VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
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 (Academic)

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 Supervisor at VSSUT, Burla	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

Chairman, DAC

Head of the Department

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

Approved as suggested/Approved as per the following modifications

Dean (PGS & R)

To Dealing Assistant

Vice-Chancellor

Category of student:

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.



Form: VSSUT/PGSR/604

VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
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 Academic 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	



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
APPLICATION FOR ENROLMENT IN PH.D. PROGRAMME

1. Academic Programme: Ph.D (Engg/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 :

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

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 Scrutiny Committee of the student:

1. _____ Head of the Department
2. _____ Supervisor 1
3. _____ Supervisor 2
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. Dr. _____, of the Department of _____ is nominated as member of DRC.
2. 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 Section Officer 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



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
OFFICE ORDER

Form: VSSUT/PGSR/606

ENROLMENT OF Ph.D. STUDENT

No:VSSUT/PGSR/ / Date:_____

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 Scrutiny Committee of the student:
1. HOD of _____ Deptt. is Chairman [or Dr. _____
if HOD is Supervisor till he/she is in Headship]
2. _____ Principal Supervisor
3. _____ Co-Supervisor
4. _____ Member
5. _____ Member
6. _____ Member
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.

Dean, PGS&R

Memo No.VSSUT/PGSR/
Copy to :

Date:_____

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

Dean, PGS&R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

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 o 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 and 9)

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:

.....
.....



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

No. VSSUT/PGSR/ _____ /

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 :

Table with 5 columns: Sl.No., Subject Code, Course Title, Credits, Remarks (Semester). Rows 1-4.

- 10. Effective date of Provisional Registration :.....
11. Earliest date of thesis submission :

Memo No.VSSUT/PGSR/ _____ /20 Date : _____
Copy to :
1. Student concerned (through HOD)
2. Head, _____ Department
3. Supervisor(s)
4. Employer : _____

Dean, PGS&R
Dean, PGS&R

**VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA****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 alongwith endorsement by University Medical Officer.

Recommended for approval : Noted in appropriate Leave Register

(Supervisor)**(Department Office)**

Approved (Up to 15 days CL & ML) Approved (Up to 30 days) Approved
 Recommended (Beyond 15 days CL & ML) Recommended (Beyond 30 days)

Head of the Department**Dean, PGS & R****Vice-Chancellor**

To

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

Copy to : Students concerned (through HOD)



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
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:

Table with 7 columns: Sl.No, Sub Code, Name of the subject, Contact hours (L, T, P), Credits, Remarks. Rows 1-4.

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

13.

Table with 2 columns: For Full time students, For students who have taken withdrawal. Fields include months elapsed, days of leave, office order no., date of withdrawal, etc.

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



Form: VSSUT/PGSR/611

**VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
APPLICATION FOR REGISTRATION SEMINAR OF Ph.D DEGREE**

Part-A : To be filled in by the candidate and submitted alongwith 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 Organisation :.....
(in case of sponsored candidates)
(c) Whether withdrawn after completion of Course Work: Yes/No (if Yes, attach the copy of office order-Form 614)
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_____	Organisation 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 : _____(b) 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 _____
(For unsatisfactory performance, action has to be taken as per para11.2 of 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 (Res) 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 (FOR OFFICE USE ONLY)

1. Based on the recommendation of the DRC, the candidate's registration for Ph.D with effect from _____ is recommended to RPEC for consideration.

Dean, PGS&R

Recommendation of the RPEC

- (a) Recommended : Yes/No
- (b) Not recommended for the following reason :

(Signature of RPEC members)

Decision of the Academic Council :

Approved/Rejected by Academic Council in its _____th meeting held on _____. Dealing Assistant is advised to bring out an appropriate office order with copies to the candidate, supervisors and the Head of the Department.

Dean, PGS&R



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

No. VSSUT/PGSR/ _____/

Date: _____

OFFICE ORDER

Registration of students for Ph.D. Degree

The undersigned is pleased to convey the approval of the Academic Council for registration of the following candidate for the Ph.D Degree vide Resolution No. _____ of _____ Academic Council meeting held on _____

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

Dean, PGS & R

Memo No. 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

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./SS) :.....

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) Course work : 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 Scrutiny Committee :

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

18. Recommendation of the Head of the Department :

- Withdrawal recommended Withdrawal not recommended

Head of the Department

19. Observations of Academic 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)

Dean, PGS & R

21. Approved by Vice-Chancellor

- 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)

Vice-Chancellor

To Section Officer (PGSR)



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

No.VSSUT/PGSR/

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. Registration No. :

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

 3. Category of studentship _____
4. Department : _____
5. Date of Enrolment : _____ 6. Academic Programme: Ph.D Engg./Sc. _____
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.

Dean, PGS&R

Memo No.VSSUT/PGSR/

Date : _____

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.
8. Agenda File of RPEC

Dean, PGS&R



Form VSSUT/PGSR/615

VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
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) 01 copy 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/616**) is enclosed for approval.

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

Chairman, DRC

Head of the Department

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

Dean, PGS & R

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

Controller of Examinations

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/616**) recommended by the DRC along with 02 copies of the synopsis.



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

**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 : Ph.D. in _____
to be submitted
- 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: _____

(ii) Name : _____
Designation : _____ Specialisation: _____
Affiliation Address: _____

(iii) Name : _____
Designation : _____ Specialisation: _____
Affiliation Address: _____

(iv) Name : _____
Designation : _____ Specialisation: _____
Affiliation Address: _____

(v) Name : _____
Designation : _____ Specialisation: _____
Affiliatio Address: _____

.....
Detailed information on all proposed examiners shall contain: (i) Name (ii) Designation (iii) Postal Address
(iv) Telephone-Office (v) Telephone-Residence (vi) Fax (vii) E-mail (viii) Website of organization.

Panel II : [From within India] Detailed Address given in separate page.

- (i) Name _____
Designation _____ Specialisation _____
Affiliation _____
- (ii) Name _____
Designation _____ Specialisation _____
Affiliation _____
- (iii) Name _____
Designation _____ Specialisation _____
Affiliation _____
- (iv) Name _____
Designation _____ Specialisation _____
Department _____
- (v) Name _____
Designation _____ Specialisation _____
Affiliation _____

B. For conducting the Viva-Voce :

- (i) External member : any one of the following :
 - 1. Examiner from Panel II who adjudicated the thesis
 - 2. _____
- (ii) All members of the Doctoral Scrutiny Committee.

The Doctoral Scrutiny Committee certifies that the candidate named above duly appeared at the comprehensive viva-voce held today, the _____20_____ 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 & B above.

SIGNATURE OF THE MEMBERS OF THE DOCTORAL SCRUTINY COMMITTEE

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

Supervisor

Supervisor

Chairman, DRC

Head of the Department

Approved in order of preference as marked on the margin

Vice-Chancellor



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
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) 2 nos. of synopses with 2 nos. of CD (in both PDF & MS Word format)
 - (d) Plagiarism report (overall less than 25% and less than 10% from single paper of students)
 - (e) Publication reprint(two first authored SCI/SCOPUS journals)
 - (f) Library requirement format
 - (g) Two Conference certificate where student is the first author.
 - (h) Certificate from the Supervisor(s)/Scholar
 - (i) Bank Challan of Rs.13000/- towards Thesis Exam. Fee & issue of Degree Certificate
 - (j) Xerox copy of up-to-date University dues & Hostel dues
 - (k) Clearance Certificate from all concerned departments
 - (l) Final Grade Sheet having the subject 'Research Methodology

Date

Signature of student

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

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

Chairman, DRC

Head of the Department

To: The Dean, PGS&R

.....
Recommended for the purpose of evaluation

Dean, PGS&R

To
The Controller of Examinations



Form: VSSUT/PGSR/618

VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
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.



Form: VSSUT/PGSR/619

VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
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.

Place: _____ Signature of Examiner _____

Date: _____ Name of the Examiner _____

Affiliation: _____

- 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

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

RECOMMENDATION OF THE DOCTORAL SCRUTINY 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 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 and Address:
of Viva-Voce Examiner _____

Signature of the members of the Doctoral Committee:

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

Supervisor

Supervisor

Chairman, DRC

Head of the Department

Dean, PGS&R

Vice-Chancellor



VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
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

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

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

Member

Member

Member

Supervisor

Supervisor

External Examiner

Chairman, DRC

Head of the Department

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

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:

**CERTIFICATE OF RESEARCH SUPERVISOR/GUIDE 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 Guide)

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:

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 :

Registration Date :

Completed Date :

Awarded Date :

THESIS DETAILS

Title (with Subtitle) :

Alternative Title (If Any) :

Abstract (Maximum characters: 2048) :

Note (If Any) :

Keywords (At least 10 keywords) :

Language :

Coverage :

Citation Reference :

SUBMISSION DETAILS

Size :

Dimensions:















Accompanying Material (CD/DVD) :

Please send the soft copy of Thesis as per following format.

THESIS 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_certificates.pdf ..etc. An example of split files along with chapter wise naming is given below:

EXAMPLE OF SPLIT FILES FOR UPLOAD IN "SHODHGANGA"

Name	Type	Size
 01_title.pdf	PDF File	27 KB
 02_certificates.pdf	PDF File	36 KB
 03_acknowledgements.pdf	PDF File	109 KB
 04_contents.pdf	PDF File	58 KB
 05_preface.pdf	PDF File	49 KB
 06_list of tables figures.pdf	PDF File	367 KB
 07_chapter 1.pdf	PDF File	158 KB
 08_chapter 2.pdf	PDF File	263 KB
 09_chapter 3.pdf	PDF File	655 KB
 10_chapter 4.pdf	PDF File	4,441 KB
 11_chapter 5.pdf	PDF File	1,718 KB
 12_chapter 6.pdf	PDF File	54 KB
 13_chapter 7.pdf	PDF File	99 KB
 14_references.pdf	PDF File	8,586 KB

N.B.: Please send the soft copy of thesis in splitted 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 Moserbaer, Sony, etc.) compact disc. The CD/DVD should be submitted with the CD case.

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 HOD

Full Signature of the Applicant with date -----

N.B : 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.
- c) Clearance of outstanding (if any)

Dealing Assistant

Recommended/Not Recommended

Dean, PGS & R

