



Re-Accredited by NAAC with 'A' Grade

**VEER NARMAD SOUTH GUJARAT UNIVERSITY**

University Campus, Udhna-Magdalla Road, SURAT - 395 007, Gujarat, India.

**વીર નર્મદ દક્ષિણ ગુજરાત યુનિવર્સિટી**

યુનિવર્સિટી કેમ્પસ, ઉદ્ધના-મગદલ્લા રોડ, સુરત - ૩૯૫ ૦૦૭, ગુજરાત, ભારત.

Tel : +91 - 261 - 2227141 to 2227146, Toll Free : 1800 2333 011, Fax : +91 - 261 - 2227312

E-mail : info@vnsgu.ac.in, Website : www.vnsgu.ac.in

**Master of Philosophy Synopsis Fee Rs. 1250/-**

Student Address : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Date : \_\_\_\_\_

To,  
The Registrar,  
South Gujarat University,  
Surat.

**Subject :** Submission of the Synopsis for the M.Phil. Degree under the provision UGC (MINIMUM STANDARDS AND PROCEDURE FOR AWARDS OF M.Phil. DEGREE) Regulations, 2009 in the subject of \_\_\_\_\_

Sir,

I am forwarding herewith \_\_\_\_\_ copies of Synopsis/Dissertation entitled on " \_\_\_\_\_

\_\_\_\_\_ " submitted  
Shri/Smt./Kumari \_\_\_\_\_ or the M.Phil Degree in the subject of \_\_\_\_\_  
\_\_\_\_\_ for assessment under the provision  
UGC (MINIMUM STANDARDS AND PROCEDURE FOR AWARDS OF M.Phil. DEGREE) Regulations,  
2009.

I certify that the candidate has worked under my guidance and supervision at \_\_\_\_\_  
\_\_\_\_\_ Department/College, from the date of registration till the date of submission of the  
Synopsis and Dissertation for the said Degree.

Yours faithfully

\_\_\_\_\_  
(Signature of Supervising Teacher for M.Phil. Degree)

\_\_\_\_\_  
Name of Department/College

No.PG/M.Phil/submit/

Date - -200

Forwarded with compliments to the Registrar, South Gujarat University, Surat, for necessary action. I certify that the candidate has paid the Tuition Fees for all the terms from the date of his/her registration as a M.Phil. Student till the date of submission of the Synopsis/Dissertation for the M.Phil. Degree.

Seal of the  
Department/College

\_\_\_\_\_  
Signature of the  
Head of the Department/Principal



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**Master of Philosophy Examination Fee Rs. 1000/-**

N.B. : Forms submitted after the prescribed date, will not be accepted.  
Please fill in all details neatly. Incomplete forms will be rejected.

To,  
The Registrar,  
South Gujarat University,  
Surat-7.

Sir,

I offer myself for the Master of Philosophy Examination in the subject of \_\_\_\_\_ under the Faculty of \_\_\_\_\_ under the guidance of \_\_\_\_\_ and remit herewith Examination fees of Rs. 1250/-

The topic of my M.Phil. Dissertation is\* \_\_\_\_\_ which have been approved by the University.

I wish to be examined at a place decided by the University under the provision UGC (MINIMUM STANDARDS AND PROCEDURE FOR AWARDS OF M.Phil. DEGREE) Regulations, 2009.

**Yours faithfully,**

Place : \_\_\_\_\_

Date: \_\_\_\_\_ 20

(Signature)

\* Enter the topic of the Dissertation.

Name in full in Capital Letters : \_\_\_\_\_

(Beginning with Surname) \_\_\_\_\_

University Department/College : \_\_\_\_\_

Race \_\_\_\_\_ Male/Female \_\_\_\_\_  
Year of Passing the Bachelor's Degree \_\_\_\_\_  
Examination with the name of the University. \_\_\_\_\_  
Date of obtaining the Bachelor's Degree \_\_\_\_\_  
Year of Passing the Post-Graduate Degree: \_\_\_\_\_  
Registration No: No. \_\_\_\_\_ Date \_\_\_\_\_ Category : General / Sc / ST / SEBC  
Provisional and Final Eligibility Certificate No. \_\_\_\_\_ Date \_\_\_\_\_  
Residential Address: \_\_\_\_\_

**CERTIFICATE TO BE SIGNED BY THE HEAD OF THE INSTITUTION**

I Certify that Shri/Smt./Kum. \_\_\_\_\_  
subsequent to his/her passing the \_\_\_\_\_ examination has undergone  
the prescribed course of study as a Part/Full-time student under the rules for two/four academic terms i.e.  
from \_\_\_\_\_ to \_\_\_\_\_ at the College/Department to m  
satisfaction, and has paid the tuition fee and other fees for all the  
\_\_\_\_\_ terms under the rules.

He/She is, to the best of my knowledge and belief, a person of good conduct and he has my permission  
to appear for the Degree of Master of Philosophy in the subject of \_\_\_\_\_ under Faculty of \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Teacher)

Department/College

**CERTIFICATE TO BE SIGNED BY THE HEAD OF THE INSTITUTION**

I certify that \_\_\_\_\_ has, subsequent to  
his/her passing the \_\_\_\_\_ examination, worked, under my guidance, at  
supervision during the period from \_\_\_\_\_ 20 to \_\_\_\_\_ 20 as required under the rules.  
I further certify that he is, to the best of my knowledge and belief, a person of good conduct and has my  
permission to appear for the examination for the Degree of Master of Philosophy in the subject of  
\_\_\_\_\_ under the Faculty of \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Seal of the Department/College

\_\_\_\_\_  
(Counter Signature)  
Head/Principal of the University  
Department/College