

**FACULTY OF MEDICAL SCIENCES**  
**UNIVERSITY OF DELHI**

Application for submission of Thesis for the D.M./M.Ch. in \_\_\_\_\_

To,

The Joint Registrar  
Faculty of Medical Sciences,  
University of Delhi,  
Delhi- 110007.

Sir,

I have been pursuing a Course of Research as a student of the University from \_\_\_\_\_ to \_\_\_\_\_ for the Degree of D.M./M.Ch. in \_\_\_\_\_ I submit herewith my Thesis entitled

\_\_\_\_\_  
\_\_\_\_\_  
(IN BLOCK LETTERS) in part fulfillment for the Degree of D.M./M.Ch. in \_\_\_\_\_ of the University of Delhi, Delhi based on the Protocol submitted by me last year. Three printed/ typed copies alongwith three copies of the Protocol are submitted herewith.

The fee of Rs. 5,000/- and the required particulars are also submitted herewith. I have/ have not availed leave:-

- (a) for the period \_\_\_\_\_ for I year \_\_\_\_\_  
(b) for the period \_\_\_\_\_ for II year \_\_\_\_\_

NAME IN FULL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE**

I. I/ We certify

- (a) That Dr. \_\_\_\_\_ has pursued a regular Course of Research for two calendar year on the subject approved by the University, satisfactorily under my/ our supervision.  
(b) That he/she bears a good moral character.

\_\_\_\_\_  
Signature of the Co-Supervisor, if any.

\_\_\_\_\_  
(Signature of the Supervisor)

\_\_\_\_\_  
(Remarks of the Head of the Department of the College/ Hospital concerned).

II.

- (a) I certify that the Thesis is to be presented by Dr. \_\_\_\_\_ is in part fulfillment of the requirements for the Post-Graduate Degree in \_\_\_\_\_  
(b) I also certify that the above Post-Doctoral Degree student has undergone the training programme including lectures, demonstration etc. to our entire satisfaction and is eligible to present his/her Thesis. I recommend that his/her Thesis may please be accepted.

\_\_\_\_\_  
Signature of the Head of the Institution/ Hospital