



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHERA THIRUVAAL ARUDHA PERUVIYER
TAMIL NADU



ANNEXURE 1

Proforma for Formation of Doctoral Committee

(To be submitted in triplicate)

1. Name of the student :
2. Reg. No. :
3. Subject :
4. Admission Category (FT/PT) :
5. College :
6. Research Supervisor :

S. No.	Doctoral Committee	Name, designation and Department	Date of Retirement	Signature
1.	Research Supervisor			
2.	Member 1. 2.			
3.	Additional member (if required)	:		
4.	Reasons for additional member	:		
5.	External Expert (Member/Co-Guide)	:		
6.	Reasons for external expert	:		

Enclosure: Guideship approval copy

Head of the Department
With Seal

Principle
With Seal

Approved by

Director (CFR)



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.



ANNEXURE 2

Proforma for Change in the Doctoral Committee (To be sent in triplicate)

1. Name of the student :
2. Reg. No. :
3. Subject :
4. Admission Category (FT/PT) :
5. College :
6. Proposed change :

	Name and designation	Date of retirement	Signature
a.	Existing Supervisor / member		
b.	Proposed Supervisor / member		

7. Percentage of research credits completed and evaluated by the existing Supervisor :
8. Reasons for change :

Enclosure: Guideship approval copy

Head of the Department
With Seal

Principle
With Seal

Approved by

Director (CFR)



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHERA THIRUNAL ARUDHA PERUVIYER
TAMIL NADU



ANNEXURE 3

Proforma for Registration of Research Credits Points (Submit with Suitability)
(To be sent in triplicate)

Date of registration:

1. Name of the student and Reg. No. :
2. Total research credits completed so for :
3. Research credits registered during the DC/Progress report :

Research Credits Semester wise : Ref. : Page 28 in Ph.D. Regulation (www.tvu.edu.in/research)		
	Name of the Paper	Credits
Course Work (elective paper/Direct study)		
RPE		
MOOC		
Conference presentations		
Seminars presentations		
Research progress/results	DC/PR report 1 DC/PR report 2 DC/PR report 3 DC/PR report 4	
Total		

Approval of Doctoral committee

Research Supervisor:

- Members:
- 1.
 - 2.
 - 3.

Head of the Department
With Seal

Principle
With Seal

Approved by

Director (CFR)



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHERA THIRUNAL ARUDHA PERUVIYER
TAMIL NADU



ANNEXURE 4

Proforma for Obtaining Permission to Undertake Study Tour
(To be submitted in triplicate)

1. Name of the student(s) :
2. Reg. No. :
3. Subject and Admission Category (FT/PT) :
4. Period of tour (including travel time) : From..... to
.....
5. No. of days away from Head Quarters :
6. Mode of travel :
7. Place(s) of visit :
8. Purpose of visit :
9. Name(s) and Designation of the course :
teacher(s) accompanying the students
10. Cost of travel/DA :
11. How is the expenditure proposed to be met? :

Scheme/main/ICAR Development grant/
Dean SPGS budget

Supervisor
With seal

Head of the Department
With seal

Principle
With seal

Director (CFR)

Registrar



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.



ANNEXURE 5

Proforma for Obtaining Permission to Present Papers in Seminar/Symposia/Training (To be sent in triplicate)

1. Name of the student & Reg. No. :
2. Department & College :
3. Name of the Supervisor with designation :
/Dept.
4. Whether course work has been :
completed?
5. Title of paper/poster to be presented :
(enclose copy)
6. Name of the seminar/ symposium : Venue Dates (From-To)
7. Period of absence (in days) inclusive of : travel
time
8. Whether the paper was sent through :
proper channel (copy to be enclosed)
9. Cost of travel & registration fee borne by : the
student himself (or) supported by the scheme in
which he is drawing fellowship?

Date:

Signature of the Student

Specific Recommendations:

Head of the Department
With Seal

Principle
With Seal

Approved by

Director (CFR)



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.



ANNEXURE 6

List of Courses Completed and Grades Obtained for Ph.D. Program (Course work)

Name of the student :

Reg. No. :

Admission Category (FT/PT):

College :

S. No.	Course No.& Title	Credit Points (for 100)	Result
A.	Research Methodology		
B.	Advance Paper 1		
C.	Advance Paper 2		
D.	Guide Paper		
E.	RPE		
F.	MOOC (8 or 12 weeks)		

Approval of Doctoral Committee

Supervisor:	Name with Designation	Signature with seal
Member 1:		
Member 2:		

- Enclosure:** 1) Original answer scripts
2) Question paper
3) Syllabus
4) MOOC certificate
5) RPE result copy

Head of the Department
With Seal

Principle
With Seal

Approved by

Director (CFR)



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.



ANNEXURE 7

Course Completion Certificate

This is to certify that Thiru./Selvi/Tmt. _____ Reg.
No. _____ has completed all the course and research credit requirements on _____
_____ for the award of _____ degree in
_____.

Supervisor
With seal

Head of the Department
With seal

Principle
With seal

Director (CFR)



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.



ANNEXURE 8

Ph.D. Joining Report

From

Candidate's Name
& College Address

Through: Proper channel

To

The Registrar
Thiruvalluvar University
Serkkardu, Vellore – 632 115

Respected Sir,

Sub: Joining Report for Ph.D. programme – Reg.

I am joined my Ph.D. programme (FT / PT) in the
department of

Subject

under the guidance of
Dr.

Supervisor's Name, Designation, Department

College Name and Address

.....on the session

..... Thanking you.

Yours sincerely,
(Candidate's Name &
Signature)

Date:
Place:

* Strikeout which is not applicable

List of Enclosure:

- Result copy of Entrance Mark.

SUPERVISOR
Signature & Seal

HOD
Signature & Seal

PRINCIPAL
Signature & Seal



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with "B" Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHRA THIRUVAAL ARUDHA PERUVIYAN
TAMIL NADU



ANNEXURE 9

PROFORMA FOR PROGRESS AND DOCTORAL COMMITTEE REPORT OF THE PH.D. RESEARCH SCHOLRS

Name of the Research Scholar	:	
Registration Number	:	
Admission Category (FT / PT)	:	
Name of the Supervisor (with Designation)	:	
Name of the Institution	:	
Name of the Department	:	
Name of the Co-Supervisor (with Designation & Institution)	:	
Number and Period of the Report	:	
Attendance 80% per semester for FT and 30 days for PT	:	
Title of the Thesis	:	

Work Description / Date				
Publications				
S.No.	Authors, article title, name of the journal, year, volume, page numbers	Publisher	Journal Impact Factor	Indexed in (Ex. SCI, Scopus, PubMed, UGC care / nay other)
1				
2				
Comment on the quality of publications : (Doctoral Committee should certify the quality of research and quality of publications)				
Conference Presented :				
S.No.	Title of the Conferences / Seminars			
1				
2				
Tuition Fee / Library Fee				
Type of Fee	Amount Paid	A/c No.	Transaction ID	Remitted Date
		248401 0000 00001		



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHERA THIRUNAL ARUDHA PERUVIYER
TAMIL NADU



Research Credits Semester wise : Ref. : Page 28 in Ph.D. Regulation (www.tvu.edu.in/research)		
	Name of the Paper	Credits
Course Work (elective paper/Direct study)		
RPE		
MOOC		
Conference presentations		
Seminars presentations		
Research progress/results		

Date :

Place :

Signature (with Seal) :

Supervisor

Co-Supervisor (if applicable)

DC Member

DC Member

Head of the Department

Principal

Enclosure :

1. Registration Copy
2. Doctoral Committee Approval Copy
3. Minutes of DC
4. Publication Copy
5. Conferences / Seminars
6. Fee Challan Original
7. Attendance Certificate
8. Geotag Photo



திருவள்ளூர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with "B" Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHERA THIRUVALLUVAR ANJUNA PERUVUDAI
TAMIL NADU



ANNEXURE 10

**SUITABILITY REPORT FOR THE SUBMISSION OF THE SYNOPSIS / THESIS
(TO BE SUBMITTED BY THE DOCTORAL COMMITTEE)**

Name of the Research Scholar				
Registration Number & Date				
College Code & Name				
Name of the Supervisor				
Subject				
Date :				
Venue:				
Title of the Thesis				
Work description / done				
Publications				
	authors, article title, name of the journal, year, volume, page numbers	Publisher	Journal Impact Factor	Indexed In (Ex. SCI, Scopus, PubMed, UGC care / any other)
1				
2				
Comment on the quality of publications: (Doctoral committee should certify the quality of research and quality of publications)				
Conferences				
1				
2				

We recommend the submission of synopsis / thesis based on the work done and research article published by the candidate

Signature
Supervisor/Convener
Seal:

Signature
co-guide (if
applicable)

Signature
Member

Signature
Member



திருவள்ளூர் பல்கலைக்கழகம்
THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHRA THIRUVALLUVAR ANJUNA PERUVENNA
TAMIL NADU



ANNEXURE 11

Check list for the submission of minutes of DC meeting

Name of the student		
Subject		FT/PT:
Date of Registration		Reg.No.
Registration confirmation (after completion of course work)	Received : Yes/No, (Enclose order copy)	
Minimum period (date)		
Maximum period (date)		
Date of submission of Synopsis		
Date of submission of Thesis		
Extension of time Valid upto, if any	Date : (Enclose order copy)	
Name & Address of Supervisor		
Date of retirement of Supervisor	(DD/MM/Year)	
DC meeting particulars :	Minutes submitted on (date)	
	1st DC :	6 th
	2 nd :	7 th
	3 rd :	8 th
	4 th :	9 th
	5 th :	10 th DC:
DC Meeting for synopsis / suitability certificate	Date	Venue:
Fee paid to University, Year wise, refer admission order (do not include the fee paid to the college)	Date	Amount
	1	
	2	
	3	
	4	
	5	
	6	

Signature of the Candidate

**Signature of the Guide
Name & Seal**

**Superintendent/Staff incharge
Centre for Research**



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B⁺” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHRA THIRUNAGAL ARUDHA PERUVITHAL



ANNEXURE 12

ATTENDANCE CERTIFICATE

This is to certify that (Register No)

Part-Time / Full-Time Research Scholar in the Department of, has

carried out his / her research work in

and full fill the requirement of attendance % for his/her duration of research.

SIGNATURE OF THE SUPERVISOR

(with seal)

HEAD OF THE DEPARTMENT

(with seal)

PRINCIPAL

(with seal)



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.



ANNEXURE 13

MODEL FOR COVER AND TITLE PAGE OF THE PH.D., THESIS:

**VIBRATION AND THERMAL ANALYSIS OF 6/4 POLE SWITCHED RELUCTANCE
MOTOR**

 <1.5 line spacing> A

THESIS

 Submitted

by

 <Italic>

<<Name of the Scholar>>

in partial fulfillment of the requirements for the degree of

 <Italic> <1.5 line spacing>

DOCTOR OF PHILOSOPHY



FACULTY OF <<Name of the Subject>>

THIRUVALLUVAR UNIVERSITY

VELLORE – 632 115

<1.5 line spacing>

JANUARY 2019

A typical Specimen of Certificate

THIRUVALLUVAR UNIVERSITY

VELLORE – 632 115

<1.5 line spacing>



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.



CERTIFICATE

The research work embodied in the present thesis entitled “.....” has been carried out in the <<Name of the Department>>, <<Name of the College>>, <<Place>> by the Scholar <<Name of the Student>>. The work reported herein is original and does not form part of any other thesis or dissertation on the basis of which a degree or award was conferred on an earlier occasion or to any other scholar.

I/We understand the University's policy on plagiarism and declare that the thesis and publications are <<Name of the Student>>'s own work, except where specifically acknowledged and has not been copied from other sources or been previously submitted for award or assessment.

<<Signature of the Joint Supervisor>>
<<Name>>

JOINT SUPERVISOR (If applicable)
<<Designation & Address >>

<<Signature of the Supervisor>>
<<Name>>

SUPERVISOR
<<Designation & Address >>



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.



DECLARATION

I declare that the thesis entitledsubmitted by me for the degree of doctor of philosophy is the record of work carried out by me during the period from.....to under the guidance of and has not formed the basis for the award of any degree, Diploma, associateship, fellowship, titles in this or any other University or other similar institution of Higher learning.

I understand the University's policy on plagiarism and declare that the thesis and publications are my own work, except where specifically acknowledged and has not been copied from other sources or been previously submitted for award or assessment.

Signature of the Candidate

Date :

<<Institution Address>>

Place :



ANNEXURE 14

Certificate of Plagiarism Check

1	Name of the Research Scholar	
2	Course of Study	M.Phil., / Ph.D.,
3	Title of the Thesis/Dissertation	
4	Name of the Supervisor	
5	Department /Institution/Research Centre	
6	Acceptable maximum limit	20%
7	% of similarity of content identified	
8	Software used	TURNITIN
9	Date of verification	

Signature of the Scholar

Signature of the Supervisor
(Seal)

University Librarian

Note: The verification has been done based on the available online data as on date



ANNEXURE 15

STRICTLY CONFIDENTIAL

Proforma for furnishing the Names of Experts to evaluate the Ph.D. Thesis

(Note: only this form should be used and returned with full particulars type written)

Name of the SCHOLAR	
TITLE OF THE THESIS	
SUBJECT (IN CAPITAL LETTER)	
DATE OF REGISTRATIN (enclose the copy of the registration letter)	
NAME OF THE SUPERVISOR	
SUPERVISOR's EMAIL ID & MOBILE NO.	
DATE OF RETIREMENT	
DEPARTMENT	
FULL TIME-PART TIME	
INSTITUTION/COLLEGE	

PANEL OF EXPERTS CONSISTING OF EIGHT EXAMINERS (FOUR FROM FOREIGN COUNTRIES AND FOUR FROM INDIA (OTHER THAN TAMIL NAUD))

Encl: Bio-data of the examiners (not exceeding 2 pages, recent publications (5), h_index, citations and website address etc. (Google Scholar page etc.)



திருவள்ளூர் பல்கலைக்கழகம்
THIRUVALLUVAR UNIVERSITY

(State University Accredited with "B+" Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHRA THIRUNALAI ARUDHA PERUVIZHA
TAMIL NADU



PANEL OF EXAMINERS FOR ADJUDICATION

INTERNATIONAL

S. No.	Details of Examiner	Year of Experience & Board Research Area	1.Number of PhD Guided 2. Number of Books Written 3. Total No.of publications in referred journals	h-index with proof (Google Scholar, web of science, Scopus index and etc... page must be attached) Total No.of citations
1.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			
2.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			
3.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			
4.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			



திருவள்ளூர் பல்கலைக்கழகம்
THIRUVALLUVAR UNIVERSITY

(State University Accredited with "B" Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHRA THIRUNALAI ARUDHA PERUVIZHA
TAMIL NADU



PANEL OF EXAMINERS FOR ADJUDICATION: NATIONAL

S. No.	Details of Examiner	Year of Experience & Board Area of Research	1.Number of PhD Guided 2.Number of Books Written 3.Total No.of publications in referred journals	1. h-index with proof - First page must be attached (Google Scholar, web of science, Scopus index and etc...) 2. Total No. of citations
1.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			
2.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			
3.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			
4.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			

Certified that none of the Experts/Examiners suggested for Panel is not a relative to the Scholar and Supervisor and further certified that the panel has been suggested in consultation with Doctoral Committee. Certified that all the examiners are holding Ph.D guideship in their respective institution.

Date:

Signature of the Supervisor
Seal



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with "B" Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

UTHANTHARA THIRUNAL ANJANA PERUVIYAN
TAMIL NADU



ANNEXURE 16

STRICTLY CONFIDENTIAL

PANEL OF EXAMINERS FOR VIVA-VOCE EXAMINATION

(OTHER THAN THIRUVALLUVAR UNIVERSITY JURIDICITION)

To be Submitted along with Consolidated Report

S. No.	Details of Examiner	Year of Experience & Board Area of Research	1. Number of PhD Guided 2. Number of Books Written 3. Total No. of publications in referred journals	1. h-index with proof - First page must be attached (Google Scholar, web of science, Scopus index etc...) 2. Total No. of citations
1.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			
2.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			
3.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			
4.	Name: Designation: Name of the University/Institute/ College Date of Retirement: Address: Institutional email id: Mobile No.			



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B⁺” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHARA THIRUVALLUVAR ANJUNA PERUVIYAN
TAMIL NADU



ANNEXURE 17

PROFORMA FOR CONDUCTING PH.D. / M.PHIL. VIVA-VOCE

EXAMINATION

1.	Name of the Scholar	
2.	Registration Number	
3.	Category of Registration: Full Time / Part Time	
4.	Mobile Number	
5.	Email ID	
6.	Department/Discipline	
7.	Title of the Thesis	
8.	Name and Address of the Supervisor(Convener)	
9.	Supervisor's Mobile Number and Email ID	
10.	Name and Address of the Joint Supervisor/Go-guide (If any)	
11.	Name, Address, Mobile Number and Email ID of the External Examiner	
12.	Name of the College/Centre	
13.	Date of Viva -Voce	



ATTENDANCE CERTIFICATE

LIST OF PARTICIPANTS - PH.D. / M.PHIL.VIVA-VOCE EXAMINATION

Name of the Candidate:

Registration Number:

Title:

Date & Time of Viva – Voce:

S.NO.	NAME, DESIGNATION AND ADDRESS OF THE PARTICIPANTS	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B⁺” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.



13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Signature of the Supervisor
(Name and Seal)

Signature of the Joint Supervisor/Co-Guide
(If any)
(Name and Seal)

Signature of the External Examiner
(Name and Seal)

Forwarded

Principal
Seal

Head of the Department
Seal



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.



ANNEXURE 18

**Application for Provisional and Degree Certificate after the
completion of VIVA-VOCE examination**
(To be submitted with viva-voce report)

photo

Name of Candidate (IN BLOCK LETTERS)			
Name of Candidate in Tamil			
Gender		FT/PT:	
Department			
Community			
Date of Registration			
Registration Number			
College Name with code			
Title of the Thesis			
Viva – Voce Date			
Email Id			
Mobile Number			
Area of Specialization:			
h-Index :			
Total no of citations :			
Name of the Guide & Address (office):			

(P.T.O)



திருவள்ளுவர் பல்கலைக்கழகம்

THIRUVALLUVAR UNIVERSITY

(State University Accredited with “B+” Grade by NAAC)
Vellore - 632115, Tamil Nadu, India.

SUTHANTHRA THIRUVAL ARUNDA PERUVIYAN
TAMIL NADU



Publication in Journals

S.No	Authors as in journal publication	Title of the article	Name of the Journal	Year, Volume, Page nos	Journal Impact Factor (on the date of Publication)	No of Citations as on VIVA date

Conferences attended/presented

S.No	Authors as in the Conference Souvenir	Title of the article	Name of the Conference with Date(s)	Sponsoring agency	Organising Institution /Address	Mode of presentation oral/poster	Attended only (pl put a tick mark)

Declaration

I..... hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief.

Signature of the Candidate

Signature of the Guide
with seal

Place:

Date: