



## MS/MPhil Thesis Defense Certificate

Student Name: _____	Reg. No: _____
Field of Study: _____	Area of Research: _____
Research Title: _____	
<b>Supervisor/s:</b>	
Name: _____	Name: _____

<b>The above-mentioned student has successfully defended his/her MPhil/MS thesis in an open defense conducted on _____ and his/her name is recommended to the Board of Advanced Studies &amp; Research for approval.</b>			
_____	_____	_____	_____
<b>Supervisor/s</b>	<b>MS/MPhil Coordinator/</b>	<b>HoD</b>	<b>Dean</b>

<b>Approved by the _____ Board of Advanced Studies &amp; Research held on _____</b>		
Student Name: _____ Reg. No: _____		
Field of Study: _____ Area of Research: _____		
Research Title: _____		
_____	_____	_____
<b>Dean</b>	<b>Director PGS</b>	<b>Vice Chancellor</b>