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# DEPARTMENT OF MATHEMATICS

# UNIVERSITY OF DELHI, DELHI – 110007

**Ph.D. Thesis Title Approval**

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Date: ………….

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| **Research Scholar’s details** | |
| Name: | Enrolment Number: |
| Email: | Mobile: |
| Date of initial registration: | Period of extension (if any): |
| Registration valid up to: |  |

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| --- | --- | --- | --- |
| **Supervisor’s details** | |  | |
| Name: | | Address: | |
| Email: | |
| Mobile: | |
| **Co-supervisor (if any):** | | | |
| **Date and Time of Pre-Ph.D. Seminar:** | | | |
| **Title of the Thesis (finalized at the Pre-Ph.D. Seminar):** | | | |
| Signature of Research Scholar | Signature of Supervisor(s) | | Mem. Advisory Committee :  Mem. Advisory Committee: |
| Signature of the Convener Pre-Ph.D. Seminar Committee | | | |
| **Title recommended by DRC and forwarded to BRS (Mathematical Sciences):**  Date: Head, Department of Mathematics | | | |

Attachments:

1. Copy of joining report(s)
2. Letter of extension from BRS (if any)
3. List of publications (include names of all authors; MR/ZBL numbers, Impact factor, if any)
4. Attach first pages of reprints/preprints
5. Attached copy of NOC from co-author(s) other than supervisors.
6. Copy of the Pre-PhD Seminar notice
7. (Proposed)Table of Contents of the Thesis