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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: |  |

|  |  |
| --- | --- |
| **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 ConvenerPre-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