

UNIVERSITY/ INSTITUTE/ ORGANIZATION
(with Affiliation Details)

PROFORMA – F

This is to certify that the
Mr./Ms. _____
Part Time/ Extramural Research Scholar who was admitted in the
subject _____
under my Research supervision in the area entitled
_____ was associated with his/her research
work in my department and worked for its completion in my presence
spending a period of 180 days (Six months) during the academic years
.....

Place:
Dt:

SIGNATURE OF
RESEARCH SUPERVISOR