

Annexure – I

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Supervisor’s Preference Form

(To be filled and submitted by the Scholar after taking the consent(s) of Supervisor)

Area (✓ tick any one) : Physical Education / Yoga / Interdisciplinary
 Department & Study Centre :
 Name of the Scholar :
 Name of Programme :
 Academic Session :
 Registration / Roll No :
 Category (UR/OBC/EWS/SC/ST/PwD):

Preference of Supervisor(s):

| Name of the Proposed Supervisor(s) | Designation | No. of Ph.D. Scholars Registered as Supervisor/Co-Supervisor (To be filled by proposed supervisor) | Signature of the Proposed Supervisor |
|------------------------------------|-------------|--|--------------------------------------|
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.....
Name and Signature of the Scholar

(To be filled by DRC)

Supervisor Recommended :
 Co-Supervisor Recommended (if any).....

Details of Co-supervisor (Enclosed Documents as per Para 6.4 of Ph.D. Ordinance)

| Name of Co-Supervisor | Designation | Organization/ Department | No. of Scholars already registered as Supervisor/ Co-Supervisor | Area(s) of Research |
|-----------------------|-------------|--------------------------|---|---------------------|
| | | | | |

Signature of the members of DRC :

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Signature of the Chairperson - DRC

Annexure – II

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Ref. No.

Date

Semester Progress Report (SPR)

Duration : From ____/20..... to ____/20..... (Month & Year)

PART – A

(To be filled and submitted by the Research Scholar)

Note : *Ph.D. candidate shall prepare a short report stating the progress made (i) since registration, (ii) in the last semester and (iii) targets to be met in the next semester in the light of the ‘End of the Prescribed Period’ of registration and submit the report along with this form to the Head of Department duly forwarded by Supervisor.*

1. Name of Research Scholar :
2. Name of the Ph.D. Programme :
3. Name of Dept. & Study Centre :
4. Batch (Year of Registration)..... Semester.....
5. Date of Registration..... Registration No.
6. Status (please tick): (a) Full time (b) Part time
7. Mobile No. E-mail ID.....
8. Category (please tick):
 a) Through RET
 b) UGC-NET with JRF Candidate
 c) Self Financed Foreign Candidate
 d) LNIPE Teaching Faculty
 e) Direct Admission (In Service)
9. Approved title of Research (**in Capital Letters**).....
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Contd...2

-2-

10. Name of Supervisor & Co-Supervisor (if any):

| S. No. | Name | Designation | Department and Institution | Address with Phone No. |
|--------|------|-------------|----------------------------|------------------------|
| | | | | |
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11. Grade obtained in approved course units (applicable for first SPR only):

| S. No. | Credits assigned | Month & Year | Maximum Marks | Marks obtained | Overall %age |
|--------|------------------|--------------|---------------|----------------|--------------|
| | | | | | |

12. Date of presentation to DRC (SPR) :

13. Date of Pre submission (if applicable) :

14. Date of submission Thesis (if applicable) :

15. Status of previous SPR, recommended by DRC:

| Semester | Fee Details (Receipt no. & Date) | Duration | Recommendations by Supervisor (Satisfactory / Unsatisfactory) |
|----------|-------------------------------------|----------|--|
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16. Details of due fee payments of promoted semester:

a) Receipt no. :

b) Date of Payment :

Date.....

.....
Signature of Research Scholar

17. Report of the Supervisor

(a) Performance (Satisfactory/Unsatisfactory).....

(b) Recommendation.....

.....

Date.....

.....
Name & Signature of Supervisor

Contd...3

Annexure – III

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Presentation of Pre-Submission Report

PART – A

(To be filled by Scholar)

1. Department & Study Centre :
2. Name of the Scholar :
3. Date of Registration : Registration No. :
4. Title of Ph.D.
.....
.....
5. Reason(s) for Extension in minimum time period:
 - (i) Unsuccessful in Course Work :
 - (ii) Unsatisfactory SPR(s) : From To
 - (iii) Semester Break : From To
 - (iv) Maternity/Child Care Leave : From To
 - (vi) Long Leave/ Absence : From To
 - (vi) Any other Reasons :
6. Status of Fee Payment Semester wise:

| Semester | Date | Fee Receipt No. |
|----------|------|-----------------|
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7. Originally approved Research Title.....
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- (a) Title modified after I Semester, if so, date of modification and copy of approval of Competent Authority.
- (b) Status of Research Title approvals from originally approved & subsequently recommendations for modification of Title by DRCs date wise

| Recommended Titles of Research | Date of DRC |
|--------------------------------|-------------|
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Contd...2

-2-

8. Details of Extension approved beyond maximum period (if applicable)

9. Details of Semester Progress Report (SPR):

| S. No. | Semester | Period of SPR | Date of DRC | Satisfactory/ Unsatisfactory |
|--------|----------|---------------|-------------|------------------------------|
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| 2. | II | | | |
| 3. | III | | | |
| 4. | IV | | | |
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| 6. | VI | | | |
| 7. | VII | | | |
| 8. | VIII | | | |
| 9. | IX | | | |
| 10. | X | | | |

10. Details of Publications of Research Papers (if any) in Peer Reviewed/ Refereed Journals:

| S. No. | Name of Author(s) in proper sequence | Title | Name of Journal (with ISSN/ISBN) | Publisher and year of Publication |
|--------|--------------------------------------|-------|----------------------------------|-----------------------------------|
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Note : Attached duly signed hard copy of publication (if any).

11. Details of oral presentation in seminar/conference (if any):

| S. No. | Title of Oral Paper Presented | Name of Seminar/Conference | Date and Organized by | National / International |
|--------|-------------------------------|----------------------------|-----------------------|--------------------------|
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Note : Attached duly signed hard copy of certificate.

12. Confirmation that all conditions as per Ordinance for the Award of Degree of Doctor of Philosophy have been fulfilled : **Yes/ No**
(In case of non fulfillment of any condition/deficiency a separate justification be attached)

.....
Signature of Scholar

.....
Signature of Supervisor

Contd...3

PART – B
(To be filled by DRC)

1. **Feedback and Comments by the Department Research Committee (DRC)**
(If the space is insufficient, please attach separate sheet)

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Name and Signatures of DRC Members:

| <u>S. No.</u> | <u>Name</u> | <u>Signature</u> |
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Counter signed by the HOD

Note : *After examine by DRC and verified by HOD, the report send to Academic Section for further proceedings.*

Annexure – IV

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Ref. No. _____

Date _____

DEPARTMENT OF

Pre-Submission Completion Certificate
(To be issued by HOD/Chairperson DRC)

This is to certify that Mr./Ms.,
Registration No. has successfully completed his/her
Pre-Submission presentation of Ph.D. (concerned
subject/discipline) before DRC. The DRC assessed his/her Ph.D. work and found to be fit for
final submission with modification (if any).

The Ph.D. scholar expected to finally submit his/her thesis within the period of six
months from the successfully completion of Pre-Submission presentation.

Note : *If the concerned Ph.D. scholar is not able to finally submit his/her thesis within six months
from the date of pre-submission presentation, the same will be liable to reappear for
another Pre-Submission presentation.*

Date.....

.....

Signature of HOD

Place.....

----- **For Office Use Only** -----

Verified by

Academic Section

Annexure – V

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Guidelines for writing Ph.D. thesis on CD (Plagiarism Check and Shodhganga)

1. All the files in CD shall be in PDF/A format, with OCR enabled. (Two CD is required)
2. There shall be two folders in each CD

- First folder named as “**Thesis for Plagiarism Check**” as a single file and inside this folder, the whole thesis shall be saved as a single PDF/A document with following file name:

Year of Registration_Registration Number_Name of Candidate.pdf

For instance – (2016_4675_RajeshSingh.pdf)

- Second folder shall be named as “**Thesis for Shodhganga**” as sectioned files and inside this folder, different sections of the thesis shall be saved as separate PDF/A files as follows :-

- I. Title Page
- II. Certificates & Declaration
- III. Acknowledgements
- IV. Table of Contents
- V. List of Tables
- VI. List of Illustrations or Figures
- VII. Chapter 1
- VIII. Chapter 2
- IX. Chapter 3
- X. Chapter 4
- XI. Chapter 5
- XII. Appendices (if any)
- XIII. References/Bibliography
- XIV. List of Publications
- XV. List of Paper Presented in Seminars/Conferences.

Annexure – VI

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Self-Declaration from the Ph.D. Scholar

I, certify that the work embodied in this Ph.D. thesis is my own work carried out by me under the Supervision of and Co-Supervision (if any) of at Lakshmibai National Institute of Physical Education, Gwalior (M.P.). The matter embodied in this Ph.D. thesis has not been submitted for the award of any other degree /diploma in any other Institution / University.

Date.....

.....
Signature and Name of Ph.D. Scholar

Place.....

Registration No.

Annexure – VII

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Declaration Certificate by the Ph.D. Scholar

I,, declare that I have faithfully acknowledged, given credit and referred to the researchers, wherever their works have been cited in the text and the body of the thesis. I further certify that I have not willfully taken-up some other's work, paragraph, text, data, results etc. reported in the journals, books, magazines, reports, dissertations, thesis etc. or available at websites and included them in this Ph.D. thesis and cited as my own work.

Date.....
Place.....

.....
Name & Signature of Scholar

Certificate from the Supervisor / Co-Supervisor (if any)

This is to certify that the above statement made by the scholar is correct to the best of my/our knowledge.

.....
Name and Signature of Co-Supervisor (if any) **Name and Signature of Supervisor**
Date..... Date.....

Forwarded by

.....
Name and Signature - Head of the Department
(with seal)

Annexure – VIII

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Course Work Completion Certificate
(To be issued by Dean Academics)

This is to certify that Ph.D. Scholar Mr./Ms.
Registration No. has successfully completed
the Course Work prescribed as per the Ph.D. Ordinance of the Institute.

He/she has obtained percentage.

Date.....

.....

Dean (Academics)

Place.....

Annexure – IX

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Copyright Transfer Certificate
(To be bind in Ph.D. Thesis)

Title of the Thesis :
.....
.....
.....
.....

Name of the Ph.D. Scholar :

Registration Number :

COPYRIGHT TRANSFER

The undersign hereby assigns to the Lakshmibai National Institute of Physical Education, Gwalior, M.P. / North East Regional Centre, Lakshmibai National Institute of Physical Education, Guwahati, Assam (as applicable) all rights under copyright that may exist in and for the above thesis submitted for the award of the Ph.D. degree.

Date.....
Place.....

.....
Name & Signature of Ph.D. Scholar

Note : *However, the author may reproduce or authorize others to reproduce material extracted verbatim from the thesis or derivative of the thesis for author's personal use provided that the source and the University's copyright notice are indicated.*

Annexure – X

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Ref. No.

Date

Thesis Submission Certificate

This is to certify that Mr./Ms.,
Registration No., registered as a Ph.D. scholar in the
Department of, has submitted his/her
thesis onunder the supervision of
for the award of Ph.D. Degree in (Concerned
subject/ discipline) from Lakshmibai National Institute of Physical Education.

Title of the thesis is as follows:

.....
.....
.....

Study Center.....

Date.....

.....

I/c Academic Section

Place.....

Annexure – XI

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Plagiarism Check Report
(To be Certified by Scholar & Supervisor)

Name of the Research Scholar : (Ms./Mr.).....
Name of Supervisor (Dr./Prof.).....
Department.....
Registration No. Reg. Date.....
Title of the Ph.D. thesis.....
.....
.....

**SIMILARITY CHECKED AND REMOVED AS PER UGC GUIDELINES
BY SUPERVISOR AND SCHOLAR**

The plagiarism report of the above titled thesis has been reviewed by the undersigned and the final similarity content (%) identified is :-

Similarly Content (%) identified..... (in words).....

Software Used..... Date of Verification.....

The similarity index is below the acceptable maximum limit of: **10%**

Note : *The justification for removal of similarity content is given separately in detailed report.*

.....
Signature of Scholar

Name.....
Mobile No.
e-mail.....

.....
Signature of Supervisor

Name.....
Mobile No.
e-mail.....

Contd...2

Self Plagiarism Author Certificate

(Certified by Scholar and Supervisor)

The following content has shown similarity and the justification has been given for removed content :-

| S. No. | Name of Article | Name of Journals / Books with Details (ISSN No. etc.) |
|--------|-----------------|---|
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We give our consent to Mr./Ms.
to make use of these articles for his/her Ph.D. research.

The above research paper(s) have not been used by any of us far any Degree / Diploma in any other University.

We shall be responsible for any legal dispute / case(s) for violation of any provision of the **Copy Right Act.**

.....
Signature of Scholar

.....
Signature of Supervisor

Name.....

Name.....

Mobile No.

Mobile No.

e-mail.....

e-mail.....

Annexure – XII

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

**Proposed List of External Examiners and DRC Nominee
for Board of Examiner**

Name of Examination.....

Name of Department.....

Title of Thesis.....

.....

Name of Scholar.....

Name of Supervisor.....

Name of Co-supervisor (if any).....

[Name of at least six Professors/Associate Professors (from Teaching Institutes of concerned subject/discipline)]

| S. No. | Name of Examiner | Full Postal Address with Email and Mobile No. | Examiner Appointed by the Vice Chancellor |
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DRC Nominee : (to be given by HOD)

Signature of members of DRC :

- | | |
|---------|---------|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

.....
HoD / Chairperson - DRC

Annexure – XIII

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Recommendation for Board of Examiners by DRC

(Ph.D. viva-voce examination)

DEPARTMENT OF Date.....

Minutes of the meeting of the DRC held on at
in (Place).....

Agenda : To recommend the Board of Examiners (BOE) to conduct Ph.D. *viva-voce* Examinations :-

Candidate's name.....

Title of Thesis

(Ref. Letter No. dated from COE)
(This number must be mentioned)

Recommended BOE is as follows :

1. Prof./Dr. (External Examiner)
2. Prof./Dr. (DRC Nominee)
3. Prof./Dr. (Supervisor, Chairperson)
4. Prof./Dr. (Co-Supervisor) (if any)

Viva-voce Examination : *Date*.....*Time*.....*Venue*.....

Note : Prof./Dr. (External Examiner)
will be paid TA/DA and remuneration as per Institute's rule.

(if there are more candidates, similarly II, III, IV, V etc. on this sheet itself)

Members of DRC & their Signature :

| <u>Name</u> | <u>Signature of the Member</u> |
|-------------|--------------------------------|
| 1. | |
| 2. | |
| 3. | |
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Forwarded to the Controller of Examinations.

HoD / Chairperson - DRC
(Seal)

Annexure – XIV

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

**Examiner's Report
for Evaluation of Ph.D. Thesis**

Title of Thesis

.....

.....

Name of the Scholar.....

Name of Programme.....Department.....

RECOMMENDATION

Tick (✓) any one :

| | | |
|----|---|--|
| 1. | I recommend that the Ph.D. degree be awarded. | |
| 2. | I recommend that the Ph.D. degree be awarded subject to incorporation of minor suggestions/corrections in consultation with the Supervisor before viva-voce.# | |
| 3. | I recommend that the thesis be revised and resubmitted for evaluation as per suggestions/observations.# | |
| 4. | I recommend that the thesis be rejected for reasons given in the detailed report.# | |

Note : *Strike off which is not applicable. Only one option may be exercised from the above mentioned options.*
#For giving detailed report use the space on the back of this page.

I. In case the examiner recommends award of the Ph.D. degree :

| | |
|-----|---|
| (a) | The Examiner is requested to attach a detailed report on the enclosed sheet. |
| (b) | The Examiner is also requested to indicate in the proforma enclosed the questions which he/she would like the candidate to answer at the viva-voce examination. |

Recommendations for Publication of the Thesis

- I recommend for Publication.
- I do not recommend for Publication.

II. In case the examiner recommends for Publication of thesis :

He/she may indicate his/her suggestions to revise/improve the thesis for publication.
 (On a separate sheet).

.....
(Signature of the Examiner)

Contd...2

SUGGESTIONS FOR MINOR CHANGES

- (i) In case the examiner recommends minor changes to be made in consultation with the Supervisor, he/she may kindly mention the suggested changes. These comments will be conveyed to the candidate to enable him/her to incorporate the suggested changes in his/her thesis. [If the space is insufficient, please attach extra sheet(s)] :

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Signature & Name of the Examiner

SUGGESTIONS FOR REVISION

- (ii) In case the examiner recommends revision and resubmission of the thesis, he/she may kindly state the reasons for doing so. These comments will be conveyed to the candidate to enable him/her to revise his/her thesis. [If the space is insufficient, please attach extra sheet(s)] :

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Signature & Name of the Examiner

Contd...3

Question to be asked at the time of *viva-voce* examination (at least 10 Questions).

Submitted by (Name of the Candidate)

Department

[If the space is insufficient, please attach extra sheet(s)]

QUESTIONS

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Date

Place

.....
(Signature of the Examiner)

Full Name & Address

.....

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Annexure – XV

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Approval of External Examiner for *Viva-Voce*

Subject : **Ph.D. *viva-voce* Examination of**
(Name of Scholar)
(.....)
(Registration Number)

With reference to above subject, we are giving below the names of the External Examiners, who evaluated the thesis of the said candidate and submitted reports. Hence, a viva-voce examination to be conducted. Kindly approve the name of anyone examiner for viva-voce examination, submitted for your information and further necessary action in this regard.

1.
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2.
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Submitted for consideration please.

CONTROLLER OF EXAMINATIONS

VICE CHANCELLOR

Annexure – XVI

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Ref. No.

Date

CONFIDENTIAL

External Examiner for *Viva-Voce*

To,

The Head/Dean,

.....

.....

Sir/Madam,

This is to inform you that, the satisfactory reports of both the External Examiners are received by the Controller of Examination. You are requested to select one member out of two external examiners to conduct *viva-voce* examination of Mr./Ms.
..... Registration No.

The Vice Chancellor approved the name of Prof./Dr.
as an External Examiner for *viva-voce* examination.

Yours faithfully

CONTROLLER OF EXAMINATION

Encls. :

1. Prescribed format for BOE
2. Copy of approval of External Examiner

Annexure – XVII

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Ref. No.

Date

Reports of the Ph.D. External Examiners

To,

The HOD/Dean,

.....

.....

Sir/Madam,

I am attaching herewith the copy of reports of the Ph.D. External Examiners of the following candidates for necessary action :-

Mr./Ms.

Registration No.

The enclosed reports along with the report of *viva-voce* examination may kindly be returned to the undersigned with a copy to Academic Section after *viva-voce* examination for doing the needful at the earliest.

Encl. :

- Copy of Reports

CONTROLLER OF EXAMINATION

Annexure – XVIII

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Report of *Viva-voce* Examination

Name of Candidate :

Department :

Title of the Thesis :

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(A) Main Contribution made by :
the research scholar

(B) Brief Summary of Examiners :
Comments

(C) Incorporation of :
correction/revision suggested
by the Examiner(s)

(D) Performance during *viva-* :
voce

Contd...2

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(E) Final Recommendation by :
BOE for award of the Ph.D.
degree
(please write 'YES' or 'NO' only)

The Board certifies that during viva-voce, the candidate has satisfactorily replied to the queries raised by the examiners in its report(s). The Board further certifies that the necessary revision(s) in the thesis, including corrections have been made and the thesis now is of quality expected for award of Ph.D. degree of Lakshmibai National Institute of Physical Education, Gwalior.

.....
*Signature of Chairperson
(Supervisor)*

Name.....

.....
Signature of External Examiner

Name.....

.....
Signature of DRC Nominee

Name.....

Forwarded / Recommended

HOD

Department of
LNIPE, Gwalior/NERC, Guwahati

Date

Place

Annexure – XIX

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Ref. No.

Date

NOTICE

A meeting of the **Research Degree Committee (RDC)** of the Institute will be held on at AM/PM in the Conference Hall of the Administrative Building of the Institute to consider the following agenda :-

Members are requested to attend.

REGISTRAR

MEMBERS

The Vice Chancellor, Chairperson
Controller of Examination
The Dean (Academics/Faculties)
All the Concerned HODs
All the DRC members of the concerned Department
Supervisor / Co-Supervisors concerned
External Professor (Special Invitee)
External Professor (Special Invitee)
Registrar

AGENDA

To consider, under UGC Regulation 2022 and further amendments from time to time and the examiners' and *viva-voce* examiners' reports on the thesis submitted for the following candidates for award of Ph.D. degree :-

| S.No. | Name of Candidate | Term | Department | Supervisor(s) |
|-------|-------------------|------|------------|---------------|
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Note : I am presenting to you the following candidate(s), namely _____.

The examiners and *viva-voce* examiners' reports on the thesis submitted by the above candidate(s)is/are unanimous and the examiners recommend for the award of Ph.D. degree to him/her/they. The original reports are placed on the table. I request to admit him/her/they for the award of Ph.D. degree in
(concerned subject/ discipline) of LNIPE, Gwalior.

Copy forwarded to :

1. The Dean (Academics), LNIPE
2. Prof.
3. Prof.
4. Prof.
5. The Head of the Department of,
LNIPE with the request to circulate the Notice among all the Members of DRC and ensure the presence of concerned Professor/Supervisor/Co-Supervisor(s).

REGISTRAR

Annexure – XX

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Ref. No.

Date

Provisional Certificate for Compliance of UGC Regulation

This is to certify that Mr./Ms.

Registration No., has been awarded the degree of
Doctor of Philosophy (Ph.D.) in (concerned
subject/discipline) from Lakshmibai National Institute of Physical Education, Gwalior in the
year

The degree awarded is in **“accordance with the provision of University Grant
Commission (Minimum Standard and Procedure for Award of Ph.D. Degree)
Regulations 2022 and their subsequent amendments and clarifications from time to
time”**.

Date.....

.....

Registrar/Dean (Academics)

Place.....

Annexure – XXI

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Ref. No.

Date

Details of Registered Ph.D. Scholar
(To be filled by the Supervisor)

I, _____, working as **Assistant Professor / Associate Professor / Professor** (✓ the relevant) in L.N.I.P.E., Gwalior/NERC, Guwahati is hereby submitting the details of Doctoral Candidate(s) undergoing Ph.D. work with me:

| S. No. | Name of Doctoral Candidate(s) | Capacity (Supervisor/Co-Supervisor) | Date of Reg. |
|--------|-------------------------------|--|--------------|
| 1. | | | |
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I, hereby declare that the above-mentioned details furnished by me are true to the best of my knowledge.

Date : _____

Place : _____

Name & Signature of Faculty

Annexure – XXII

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

Ph.D. Supervisor’s Consent Form

Name of Supervisor : _____

Designation : _____

E-mail ID : _____

Contact No. : _____

Department : _____

Research Scholar(s) Pursuing : _____
(Registered till date) (number)

Vacant Seat(s) : _____
(number)

I, hereby giving my consent to undertake the Research Scholar (Ph.D.) as supervisor for the Session – 20.....- 20..... as per following details:

1. Physical Education : _____
(number)

2. Yoga : _____
(number)

3. Interdisciplinary : _____
(number)

Date : _____

Signature of Supervisor

Annexure – XXIII

LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

No Dues Form
(for Ph.D. Scholars Only)

Date of Registration : _____

File No. (mentioned in Reg. Letter) : _____

Name of Supervisor : _____

Date of Pre-submission Presentation : _____

Date of Final Thesis Submission : _____

Certified that Mr./Ms. _____ S/o,
D/o Shri _____ Roll No. _____ is a Ph.D. Scholar
registered in Department of _____, has No-
dues/following dues outstanding against his/her name.

| S. No. | Designation | Dues if any | Sign, date & Seal |
|--------|------------------------------------|-------------|-------------------|
| 1. | Librarian / I/c Library | | |
| 2. | Supervisor Mess | | |
| 3. | Storekeeper | | |
| 4. | Warden - _____ Hostel | | |
| 5. | I/c Sports Store | | |
| 6. | Exercise Physiology Lab | | |
| 7. | Sports Biomechanics Lab | | |
| 8. | Sports Psychology Lab | | |
| 9. | Yogic Science Lab | | |
| 10. | I/c Health Centre | | |
| 11. | Ph.D. Supervisor | | |
| 12. | Head of Department/Chairperson DRC | | |
| 13. | Drawing & Disbursing Officer (DDO) | | |
| 14. | I/c Academic Section | | |

Date : _____

Full Signature of Scholar

----- **For Use of Academic Section** -----

Thesis Submission Certificate : Issued/Not Issued

Authorised Signatory