

**135, East Coast Road, Kanathur, Chennai-603112**

**PHD PROGRAMME**

**NO DUES CERTIFICATE**

**Name of the Scholar : Full Time / Part Time**

**Department :**

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| --- | --- | --- | --- |
| **Sl. No.** | **Office and particular** | **No Dues** | **Signature** |
| **1** | **Office of the Dy. Director Research PhD Programme**   1. PhD Annual Fees 2. Evaluation Fees 3. Publications 4. Course Works 5. Other requirements |  |  |
| **2** | **Controller of Examination**  **(Synopsis approved by the Examiners)** |  |  |
| **3** | **Library** |  |  |
| **4** | **IT Support** |  |  |
| **5** | **Accounts** |  |  |
| **6** | **HoD of the Department concerned** |  |  |

**Registrar**