

Name of Research Centre/Letter Head

Name of Department

Course work completion certificate



*This is to certify that Mr./Ms. .... is a bonafide Ph.D. scholar for Ph.D course work in the department of.....under faculty of (Medicine/Pharmacy/Dentistry/Nursing/Paramedical Sciences/Physiotherapy)..... at ..... (Name of Research Centre)----- for the session .....*

*He/She has been presented full time at research centre and successfully completed his/her Ph.D. course work on .....(date of examination) as per university norms for award of Ph.D. degree.*

*He/She has started his/her research work also.*

*His/Her performance in the course work is as follows.*

Marks obtained in paper- 1 (out of 100)	Marks obtained in paper- 2 (out of 100)	Total (out of 200)	Result (Pass/Fail)
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Date :-

Place:-

Name & signature of the supervisor (Guide)  
Designation

Name & Signature of HOD/Principal  
(with stamp)