(This may be printed on the letter head of the institution)

Date:			,
To Time Direction			
The Director,) 1		
UGC Human Resource I	_		
Gujarat University, Ahme	edabad		
Email address:			
Subject: Submission of the	he Ph D Course Work	certificate and evaluat	ion report of
Mr/Ms	ne in B course work		ion report or
1111/11251111111			
Dear Sir,			
I hereby certify that Ph	D scholar Mr/Ms		has successfully
completed his/her subject	ct specific Ph D Cours	se Work of 4 credits (6	50 hours face to face) as
per the Ph D Ordinance			
follows:			
Name of the Ph D			
Scholar			
Ph D Registration		Ph D Registration	
Number		Date	
Subject		Faculty	
Title of the Ph D Thesis			
Name of the Supervisor			
Institutional Address			
Institutional Email			
Address			
Principal's Mobile			
Number			
Marks obtained in the	Marks <u>obtained</u>	Marks obtained	Out of
evaluation of 4 credit	in figure	in words	
Ph D Course work			40 (Forty)
Signature of the Ph D Su	pervisor/Guide		
Name:			
E 1 1.1 1			
Forwarded through			
C:			D 1- :-
Signature of the HOD/Pr	'incipal/Head of the ins	stitution, where the Ph	D supervisor/guide is
permanently working			
Namas			
Name:			
Stamp of the Institution		Soo	l of the Institution
samp of the mentanon		Sea	i or are montanon