



Jawaharlal Institute of Postgraduate Medical Education and Research
(An Institute of National Importance, under Ministry of Health and Family Welfare, Govt. of India)
Pondicherry – 605006, India

FORMAT OF CERTIFICATE

This is to certify that this thesis entitled “-----” submitted to **Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)** by – **(Name of the PhD candidate)** --- for the degree of **Doctor of Philosophy in –(Area of Specialization)-** , is the bonafide record of original work done by the candidate, from (Academic year – E.g. July 2012 to October 2014), under our supervision. The work was planned, organized and executed in the **Department of -----** - in collaboration with the **Department of – (if collaborated)**, JIPMER, Pondicherry. This study has not previously formed the basis for the award of any degree, diploma, fellowship or any other similar title.

We further certify that the entire thesis represents the independent work of – **(Name of the PhD candidate)** - and all the research work was undertaken by the candidate under our supervision and guidance.

(Guide)

(Co-Guide)

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