

TRIPURA UNIVERSITY REGULATIONS

TRIPURA UNIVERSITY (A Central University) Suryamaninagar-799022, Tripura, No.F.TU/REG/AC/20/2017 India Phone: 0381 237 9003 Fax: 0381 237 4802 E-mail: registrar@tripurauniv.in Date: 20th November, 2017 NOTIFICATION In accordance with the resolution of the 20th Meeting of the Academic Council held on 18th August, 2017 (under agenda 8/20/2017), which was duly approved by the Executive Council in its 28th Meeting held on 20th September, 2017 (under agenda 04/28/2017), this is hereby notified for general information that the "Rules & Regulations for Doctor of Philosophy (Ph.D.)-2016" (as per the UGC Regulations [Minimum Standards and Procedure for Awards of M.Phil/Ph.D Degree], 2016) has been adopted in Tripura University. The said Regulations shall be deemed to have come into effect from the academic s Sion 2016-17. Copy to: 1. The Pro-Vice-Chancellor, T.U

2. The Dean, Faculty of Arts & Commerce, T.U

3. The Dean, Faculty of Science, T.U

4. The Finance Officer, T.U

5. The Controller of Examinations, T.U

6. The Director, IQAC, T.U

7. The HoD/HOD(i/c), Department of 8.The Director, College Development Council, T.U

9. The Joint Controller of Examinations, T.U

10. The Deputy Registrar (Academic (i/c), T.U

11. The Assistant Controller of Examinations, T.U. 12. P.S. to the Hon'ble Vice-Chancellor, T.U. (S. ebroy) Registrar (i/c) , T.U. PhD Form 1 To be filled for Joining the Course-Work after Qualifying in the Research Eligibility Test in the Year 2 I. Name of Student:

2. Department/Centre: .

3. Local Address of Student: , 4. Permanent Address of Student:

5. Mobile Phone no.of Student:

7. Name of Father of Student: 8. Name of Mother of Student:

9. Mobile Phone no.of one Parent: Tripura University Suryamaninagar 799022 Tripura, India 6. Email ID of Student:

10. Email ID of a Parent: .1.' - .t. reph I I. Category: Unreserved/ SC/ ST/ OBC (circle one only) 12. Sex: Male/Female/Transgender (circle one only) 13. Marital Status: Unmarried/ Married/ Divorced/ Widowed (circle one only) a. Name of Spouse:

14. If Married: b. Mobile Phone no. of Spouse: 15. Special Ability Status (if any): 16. PhD will be done FULL TIME/ PART TIME (circle one only) 17. If Full Time: Fellowship Type: Inspire/ JRF/ Non NET/ Other (circle one only). Attach appropriate certificates

18. If Part Time: a. Name of Employer: . b. Full Address of Employer: . c. Phone No. of Employer: . d. Email D of Employer: . e. No Objection Certificate from Employer Attached? f. Leave for attending Course Work classes granted? 1 yes/no (If "no" joining is not allowed.) yes/no (If "no" joining is not allowed.)

19. Area of Interest for PhD Research:

20. Bachelors Degree of Student: 21. Masters Degree of Student: 22. 1, Shri/Smt Tripura University Suryamaninagar 799022 Tripura, India a. Year b. Degree . c. University/Institute . d. Final % of Marks or CGPA a. Year b. Degree . c. University/Institute d. Final % of Marks or CGPA (Attach a self-attested copy of final transcript) e. Migration Certificate Attached? yes/no (If "no" joining is not allowed.) , son/daughter of Shri . state that all the information given above are true. I have read the latest PhD Regulations of Tripura University and understood the Regulations. I will abide by these Regulations and other rules and regulations of Tripura University while pursuing my PhD studies in Tripura University. I also understand that joining the course-work classes conducted in Tripura University does not guarantee

me finding a supervisor in the Department/Centre and/or performing research in my area of interest.
Signature of Student: . Date:

21. Verified and Admitted for Course Work Rejected Signature of HOD/Dept.Coordinator:

22. Recorded in the register. Unique Enrollment No. Assigned to Student: Signature of the Dealing Clerk in PhD Section 23. Signature of Dean Place: , ...Date:..... 2 Tripura University Suryamaninagar 799022 Tripura, India PhD Form 11 To be filled by DRC for Allocation of Supervisor/Co-Supervisor I. Name of Student:

3. Department/Centre: **4.**Area of Interest of the Student for PhD Research **5.** Name of Supervisor for the Student

6. Name of Co-Supervisor for the Student (if needed).Signature, 1, Dr.. above.
Signature

2. Enrollment No.... . agree to serve as the Supervisor of the student named above. . Date: . . agree to serve as the Co-Supervisor of the student named We certify that the Supervisor and Co-Supervisor selected satisfy the latest PhD Regulations of Tripura University for being a Supervisor or Co-Supervisor of a PhD student of the Department. Signatures of DRC members: a. Chair Name: b. Member Name: c. Member Name: d. Member Name: e. Member Name: Signature of Dean Signature: Signature: 1 . Date: . Date: Date: Signature: Date: Date:..... Tripura University Suryamaninagar 799022 Tripura, India PhD Form 111 To be filled by DRC for the Course-Work in the Year 2 Signature: Signature: . I. Name of Student:

3. Department/Centre: **4.**Area of Interest of the Student for PhD Research

5. Possible Supervisor/Co-Supervisor for the Student

6. Course Work Courses Recommended for the Student: ii.... iii..... Signatures of DRC members: a. Name: b. Name: c. Name: d. Name: e. Name: Signature of HOD/Dept. Coordinator: Signature of Dean

2. Enrollment No.... . (semester Odd/Even Year: . (semester Odd/Even Year: . (semester Odd/Even Year: . (semester Odd/Even Year: Signature: Signature:..... . Signature: , ...Date:..... 1 . Date: Date:..... . Date: PhD Form IV To be filled by A Supervisor for the Formation of R.A.C

1. Name of Student:

3. Department/Centre:

4. Area of Interest of the Student for PhD Research

5. The RAC of this student consists of the following members: (i) Supervisor: Name (ii) Co-Supervisor: Name (iii) Member: Name.... .. (v) External Member: Tripura University Suryamaninagar 799022 Tripura, India Dept. Organization Signature ,

2. Enrollment No.... Initials Initials Initials Initials (iv) Member: Name.... Dept., ... Name Department (Consent of the External Member may be obtained via Email. Attach a print-out of the Email.) R.A.C. formation is Approved/Not Approved (circle one choice) Signature of Chairperson of BPGS: . Signature of Chairperson of BFS.. Signature of Vice Chancellor: . 1 . Date: e..... Date: Date: Date: Tripura University Suryamaninagar 799022 Tripura, India PhD Form V To be filled by RAC for Approval of the Synopsis I. Name of Student:

3. Department/Centre:

4. Date of Completion of Approved Course Work:

5. Area of Interest of the Student **6.**Title of the Proposed Thesis

7. Date of Submission of Written Synopsis **8.**Date of Presentation/Examination of the Synopsis by RAC The synopsis is SATISFACTORY/ Not Satisfactory (circle one only). .. Date: If not satisfactory write the reasons in detail and attach. (i) Supervisor: Name (ii) Member/Co-Supervisor: Name (iii) Member: Name (iv) Member: Name (v) External Member: Name .

.....Signature:..... . Signature: Signature:..... .Signature:..... . . .Signature:
 ...Date: Date:..... Attach extra sheets with detailed comments (if any) by RAC members. Recommendation of RAC is Accepted/Not Accepted (circle one choice). If not accepted write the reasons in detail and attach. Signature of Chairperson of BPGS: The Date of Registration as a PhD Scholar: The Registration number Signature of Chairperson of BFS.... Signature of Vice Chancellor: . Date: . Initials of dealing clerk . . . Date: Date:..... 1 Tripura University Suryamaninagar 799022 Tripura, India PhD Form vr To be filled by RAC for Research Progress I. Name of Student:

2. Enrollment No...

3. Department/Centre:

4. Date of Completion of Approved Course Work:

5. Date of Registration 6.Registration No..... .

7. Title of the Proposed Thesis o.t .

8. Progress Report No.1/ 2/ 3/ 4/ 5 (circle one only) 9. Date of Submission of Progress Report

10. Date of Presentation/Examination of Progress Report by RAC The Progress Report is SATISFACTORY/ Not Satisfactory (circle one only)... .Date: Date:.....

...Date: If not satisfactory write the reasons in detail and attach. (i) Supervisor: Name

... Signature: . (ii) Member/Co-Supervisor: Name , Signature:

...Signature:..... (iii) Member: Name , (iv) Member: Name

...Signature:..... (v) External Member: Name . Attach extra sheets with detailed comments (if any)

by RAC members. Initials of dealing clerk Date:..... Signature of Dean: ... 1

.....,Date:..... .Date:..... Tripura University Suryamaninagar 799022 Tripura, India PhD Form vil

To be filled by Student for Change of Thesis Title 1. Name of Student:

3. Department/Centre:

4. Date of Completion of Approved Course Work:

5. Date of Registration 7.Old Title of the Thesis:

8. New Title of the Proposed Thesis.... Attach sheets explaining the need for the change. Signature of Student:

2. Enrollment No...

6. Registration No...... .Date: ... The proposed change is APPROVED/ Not Approved

(circle one only). If not approved write the reasons in detail and attach. (i) Supervisor: Name (ii)

Member/Co-Supervisor:• Name (iii) Member: Name (iv) Member: Name

..... (v) External Member: Name L... .Signature: Signature:

..... .Date: Date:..... .Date: Attach extra sheets with detailed comments (if any)

by RAC members. The Change in the Thesis title is Approved/ Not Approved (circle one only). If not

approved write the reasons in detail and attach. Signature of Chairperson of BPGS:.... D . Initials of

dealing clerk ... Signature of Chairperson of BFS..... . Signature of Vice Chancellor: Date: 1 ..

.....Signature:..... .Date: Date:..... Tripura University Suryamaninagar 799022

Tripura, India PhD Form vill To be filled by Student for Change of Status from Part-time to Full-time and

vice versa I. Name of Student:

3. Department/Centre: 4.Date of Completion of Approved Course Work:

5. Date of Registration

2. Enrollment No...

6. Registration No..... I want change my status from Part-time to Full-time/ Full-time to Part-time (circle

one choice only). Attach sheets explaining the need for the change. Attach NOC and leave documents

from employer if becoming part-time. Attach scholarship documents or prayers for non-NET if becoming

full-time. Signature of . . Date: The proposed change is APPROVED/ Not Approved (circle one only). If

not approved write the reasons in detail and attach. (i) Supervisor: Name (ii) Member/Co-

Supervisor: Name (iii) Member: Name (iv) Member: Name

(V) External Member: Name e.... .Signature:..... .Signature:.....

...Signature: Signature:..... ..Date: Date: Date:
Date:..... Attach extra sheets with detailed comments (if any) by RAC members. The Change
 in the Status is Approved/ Not Approved (circle one only). If not approved write the reasons in detail and
 attach. Signature of Dean: Approved/ Not Approved (circle one only). Signature of Vice
 Chancellor: . Date: 1

8. Publications Record (attach a sheet with details as mentioned below. Mention all
 publications/conference presentations): a. Conference Publication/ Presentation I (Authors, title of paper,
 Name of Conference, venue, dates, oral/poster presentation. If published then write title of proceedings,
 publisher, page numbers from-to):..... b. Conference Publication/ Presentation 2 (Authors, title of paper,
 Name of Conference, venue, dates, oral/poster presentation. If published then write title of proceedings,
 publisher, page numbers from-to):..... c. Refereed Journal paper 1 (Authors, title of paper, Name of
 journal, volume no. , page numbers from —to, month, ISSN no., publisher name, under review/ accepted):

9. I want to deliver my Public Seminar. A 5000-word summary of my thesis and a report on lack of
 plagiarism are attached. Date: Public seminar is APPROVED/ Not Approved (circle one only). If not
 approved write the reasons in detail and attach. The second external expert for checking the e-copy of the
 5000-word summary: Tripura University Suryamaninagar 799022 Signature of ...Date:
 ..Signature:.....e..... PhD Form IX To be filled by Student for Public Seminar 1. Name of
 Student:

3. Department/Centre: 4. Date of Completion of Approved Course Work:

5. Date of Registration,..... 7. a. Date of Satisfactory Progress Report Exam ... b. Date of
 Satisfactory Progress Report Exam 2.. z c. Date of Satisfactory Progress Report Exam 3... d. Date of
 Satisfactory Progress Report Exam 4. , e. Date of Satisfactory Progress Report Exam Tripura, India

2. Enrollment No......,.,.

6. Registration No...... .. Name: Email (i) Supervisor: Name (ii) Co-Supervisor:
 Name Signature of Dean: Affiliation: Date: 1 .
,Date:..... Tripura University Suryamaninagar 799022 Tripura, India PhD Form X To be filled by
 RAC for Public Seminar and 5000-word Summary 1. Name of Student:

2. Enrollment No., 3. Department/Centre: 4. Date of Completion of Approved Course Work:

5. Date of Registration

6. Registration No...... ..

7. Title of the Thesis

8. Date of Submission of 5000-word Summary

9. Date and Time of Public Seminar...... IO. Venue of Public Seminar: I I. Public Seminar
 has been attended by approximately . persons. The Public Seminar is SATISFACTORY/ Not Satisfactory
 (circle one only). If not satisfactory write the reasons in detail and attach. The 5000-word summary is
 SATISFACTORY/ Not Satisfactory (circle one only). If not satisfactory write the reasons in detail and
 attach. (i) Supervisor: Name (ii) Member/Co-Supervisor: Name (iii) Member: Name (iv) Member:
 Name (v) External Member: Name Signature:
 Signature: Signature: .Signature:..... ..Date:..... ..Date:..... ..Date:..... ..
Date:..... ..Date: (vi) Attach Email comments of the 2-n external expert on the
 5000-word summary Attach extra sheets with detailed comments (if any) by RAC members. Noted
 Signature of Chairperson of BPGS.. Initials of dealing clerk . Signature of Dean: . Date.... ..
 ...Date:..... 1 Tripura University Suryamaninagar 799022 Tripura, India PhD Form X1 To be filled by
 Student for Submitting PhD Thesis 1. Name of Student:

3. Department/Centre:

4. Date of Completion of Approved Course Work: 5. Date of Registration . 7. a. Date of Satisfactory
 Progress Report Exam 1 b. Date of Satisfactory Progress Report Exam 2 c. Date of Satisfactory
 Progress Report Exam 3.. d. Date of Satisfactory Progress Report Exam 4.. e. Date of Satisfactory Progress
 Report Exam 5.

2. Enrollment No..

6. Registration No.....

8. Date of Successful Public Seminar and examination of 5000 word Summary....

9. Publications Record (attach a sheet with details as mentioned below. Mention all publications/conference presentations): a. Conference Publication/ Presentation I (Authors, title of paper, Name of Conference, venue, dates, oral/poster presentation. If published then write title of proceedings, publisher, page numbers from-to):..... b. Conference Publication/ Presentation 2 (Authors, title of paper, Name of Conference, venue, dates, oral/poster presentation. If published then write title of proceedings, publisher, page numbers from-to): . c. Refereed Journal paper 1 (Authors, title of paper, Name of journal, volume no., page numbers from —to, month, ISSN no., publisher name, under review/ accepted):..

10. I want to submit an electronic (.pdf) and a printed version of my thesis for examination. A report on lack of plagiarism is attached. I understand that I may need to modify/correct the thesis according to comments of adjudicators/ viva-voce examiners before final submission. Signature of Student: Date: . Submission of thesis is APPROVED/ Not Approved (circle one only). If not approved write the reasons in detail and attach. (i) Supervisor: Name . (ii) Co-Supervisor: Name .. Signature of Dean: Signature:..... . . .Signature: . . . Date: Date:..... . . .Date:..... Tripura University Suryamaninagar 799022 Tripura, India PhD Form MI To be filled by Supervisor/Co-Supervisors for submitting names of Thesis Adjudicators 1. Name of Student:

2. Enrollment No.....

3. Department/Centre:

4. Date of Completion of Approved Course Work:

5. Date of Registration

6. Registration No..... 7. Date of Successful Public Seminar and examination of 5000 word Summary.....

8. Title of Thesis: 9. Names and Current Addresses of six possible Adjudicators: (ii) (iii) (iv) (v) Name:..... Affiliation: Address: Email 11): Mobile Phone no.... Affiliation:.....e..... Address:..... Email 11): . Mobile Phone no.... Name:.....e..... Address: Mobile Phone no.... Email 11): . Name:..... Affiliation:..... Address: Mobile Phone no.... Email 11): Affiliation:.....e..... Address: Mobile Phone no.... Email 1 (vi) Name:..... Affiliation:..... Address: Email 11): Tripura University Suryamaninagar 799022 Tripura, India Mobile Phone no.... 9. I/ We certify that none of the suggested experts are/were members of BPGS/BUGH/BFS/ RAC external expert of the particular candidate. All the experts are PhD degree holders. (i) Supervisor: Name (ii) Co-Supervisor: Name . . .Signature:..... . . .Signature:..... . . .Date: Date:.....e...

10. In the BPGS meeting held on ... the names of six possible adjudicators given above are APPROVED/ not Approved (circle one only). If not approved write a detailed explanation on a sheet of paper and attach. Signature of Chairperson of BPGS:..... Date:..o....

11. Let the list of names be kept in the file of the student and placed before the Vice Chancellor for final selection of two adjudicators out of the six given names. Signature of Dean: Date: 2 Tripura University Suryamaninagar 799022 Tripura, India PhD Form XIV To be filled by An Adjudicator of A PhD Thesis Summarizing His/Her Opinions 1. Name of Candidate:

2. Title of the Thesis: Please note that this Form XIV should be accompanied by a report (preferably in English) commenting on the strengths and weaknesses as well as specific suggestions for the improvement of the thesis as per the guidelines in the covering letter. This recommendation form is to mainly facilitate the Authorities of Tripura University in deciding appropriate action for the thesis. Please staple the report to this form. In the Table below please put a check mark (V) in the last box in one row only. Category A Category B Category C Category F The thesis is worthy of a PhD degree. The suggestions made by me in the report are minor. The thesis becomes worthy of a PhD degree after the

suggested modifications/corrections have been done and the modifications verified by the Supervisor(s). The thesis requires major modifications as suggested in the report, and the thesis must be sent to me/other examiners after the changes have been incorporated. The thesis is not worthy of a PhD degree. Signature of the Adjudicator: .. Adjudicator's Name: Affiliation:..... Address: Email ID•.. The report is received on date Date: Mobile Phone no.... .. Signature of the Dealing Clerk 1

6. Registration No.... ..

8. Date of Successful Public Seminar and examination of 5000 word Summary..

9. Publications Record (attach a sheet with details as mentioned below. Mention all publications/conference presentations): a. Conference Publication/ Presentation 1 (Authors, title of paper, Name of Conference, venue, dates, oral/poster presentation. If published then write title of proceedings, publisher, page numbers from-to):. b. Conference Publication/ Presentation 2 (Authors, title of paper, Name of Conference, venue, dates, oral/poster presentation. If published then write title of proceedings, publisher, page numbers from-to):. c. Refereed Journal paper 1 (Authors, title of paper, Name of journal, volume no., page numbers from —to, month, ISSN no. , publisher name, under review/ accepted): . IO. I want to submit again an electronic (.pdf) and a printed version of my thesis for examination. A report on lack of plagiarism is again attached. I made modifications/ corrections in the draft thesis according to the comments of adjudicators. I understand that I may need to modify/correct the thesis again according to comments of viva-voce examiners before final submission. Signature of Student: I/We certify that all modifications / corrections suggested by adjudicator(s) have been incorporated in the thesis being submitted. Re-submission of thesis is APPROVED/ Not Approved (circle one only). If not approved write the reasons in detail and Tripura University Suryamaninagar 799022 Tripura, India PhD Form XV To be filled by Student for Re-submitting PhD Thesis ...Signature:.....e..

1. Name of Student:

3. Department/Cenfre: 4. Date of Completion of Approved Course Work:

5. Date of Registration 7. a. Date of Satisfactory Progress Report Exam I D D. ... b. Date of Satisfactory Progress Report Exam 2. c. Date of Satisfactory Progress Report Exam 3... d. Date of Satisfactory Progress Report Exam e. Date of Satisfactory Progress Report Exam .

2. Enrollment No.... attach. (i) Supervisor: Name (ii) Co-Supervisor: Name Signature of Dean: Signature:..... 1 Date:..... PhD Form xvi To be filled by Examiners of PhD Viva Voce 1. Name of Candidate: 2. Department/Centre:

3. Title of the Thesis:

4. Date of Vivaz.... .. Tripura University Suryamaninagar 799022 Tripura, India

5. Venue: Please note that this Form X VI should be accompanied by a report (preferably in English) commenting on the strengths as well as specific suggestions (if any) for further improvement of the research work and the thesis. This recommendation form is to mainly facilitate the Authorities of Tripura University in deciding appropriate action. Please staple the report to this form. In the Table below please put a check mark (V) in the last box in one row only. Category A Category B The work is worthy of a PhD degree. The suggestions made by us in the report are minor. The work becomes worthy of a PhD degree after the suggested modifications/corrections have been done. Signature of the Supervisor:....e.... . Signature of the Co-Supervisor: Signature of the Examiner: Examiner's Name:. Affiliation:..... . Address: Email ID . The report is received on date Date... Date:.....Date:..... Mobile Phone no.... .. Signature of the Dealing Clerk . 1 Tripura University Suryamaninagar 799022 Tripura, India PhD Form XVII To be filled by Student for Submitting Final Version of PhD Thesis I. Name of Student: .

2. Enrollment No...

3. Department/Centre:

4. Date of Completion of Approved Course Work:

5. Date of Registration

6. **Registration No.**.... .. 7. a. Date of Satisfactory Progress Report Exam 1 b. Date of Satisfactory Progress Report Exam 2. c. Date of Satisfactory Progress Report Exam 3.. e.. d. Date of Satisfactory Progress Report Exam 4. . e. Date of Satisfactory Progress Report Exam 5

8. **Date of Successful Public Seminar and examination of 5000 word Summary.**, ..

9. **Date of Submission of the First Draft of the Thesis**... .. .

10. **Date of Open Seminar and Viva Voce Examination**.... .. .

10. **Having completed all steps for a PhD degree from Tripura University and having incorporating all modifications suggested by the examiners of the final viva voce examination I want to submit an electronic (.pdf) and printed copies of my PhD thesis.** I followed all instructions of INFLIBNET (e-Shodh Sindhu) for the electronic version and those of Tripura University for the Printed and Bound Version. I submit printed and bound copies of the thesis: (a) for the Supervisor, (b) for the Co-Supervisor (if any), (c) for the Department/ Centre and (d) for the Central Library. Signature of Student: I/We have checked the electronic and the printed and bound copies of the final version of the thesis. All instructions of the INFLIBNET and Tripura University are followed for the electronic and the printed versions, respectively. Submission of the final thesis is APPROVED/ Not Approved (circle one only), If not approved write the reasons in detail and attach. (i) Supervisor: Name (ii) Co-Supervisor: Name Signature of Dean:..... . The electronic copy and a printed and bound copy is received. Librarian: Name Signature:..... . Signature:..... . Signature:..... . .Signature;. Date:.. Date: Date:.. 1 Tripura University Suryamaninagar 799022 A Printed and Bound copy of the thesis is received. HOD/Coordinator of the Dept]Ctr.: Name A Printed and Bound copy of the thesis is received. Supervisor: Name A Printed and Bound copy of the thesis is received. Co-Supervisor (if any): Name .. Tripura, India Signature:.....,..... Signature:.....Signature:.....Date:..... Date: , ...Date: