MOTHER TERESA WOMEN'S UNIVERSITY, KODAIKANAL NO DUE FORM FOR Ph.D SCHOLARS

Name of the Candidate	10			
Date of Registration /Reg.No	:			
Full-Time/Part – Time	4			
Communication Address				
(Residential Address)	:			
Undertaking by the Supervisor				
Certified that she has no pending	in claim bills and she	has submitte	ed all vouchers	for fellowship
promptly.				
			SU	PERVISOR
Certified that she has no pending	the library			
				LIDDADA
0 400 141 4 1 1 1 - 6 1611 141 -		0. N. J	the Desert	LIBRARY
Certified that she has fulfilled the	norms for attendance of	x No dues i	n the Departme	ent.
		HEAI	OF THE DE	PARTMENT
Certified that there are no dues pe		ne above car	ndidate in the F	Iostel
			HOSTEL	ASSISTANT
Contigned that also has submitted II	(alf Vaculty reports unto		and	noid the fees
Certified that she has submitted H	iair rearry reports upic)	and	paid the rees.
			RESEARC	H SECTION
Certified that she has submitted U	C for the fellowship			
Certified that she has submitted C	for the fellowship			

FINANCE SECTION