

**Format for Residence Certificate**

Name of the Scholar	
Date of Provisional Registration as per office order	
University Seat Number	
Branch/Discipline/Program	
Part – time Registration	
Research Centre	
Name of the Research Supervisor	
Name of the Co- Supervisor	
Title of the research work	

The research **Scholar** has stayed in Research centre on below said dates in Research centre for pursuing his research activity

Description	Starting date and End date
In first six months from date of provisional registration	
In second six months from date of provisional registration	
In third six months from date of provisional registration	
In fourth six months from date of provisional registration	
In fifth six months from date of provisional registration	
In sixth six months from date of provisional registration	
In seventh six months from date of provisional registration	
In Eighth six months from date of provisional registration	

Signature of the supervisor	
Signature of the co-supervisor	
Signature of Research Centre Head	
Signature Head of institute	