

BITS, PILANI - K.K. BIRLA GOA CAMPUS
Academic Graduate Studies & Research Division (AGSRD)
Format to be used for Bonafide certificate/NOC (for Ph.D. student only)

Date :

1. Name of the Ph.D. Student : _____ ID No. _____ Category ----- (FT/PT)
2. Gender: _____ Department : _____
3. Date of joining in the sponsored project as a JRF/SRF : _____
4. Name of the sponsored project agency: _____
5. Name of the project PI and his/her department: _____
6. Title of the sponsored research project: _____
7. Date of admission in the Institute Ph.D. program: _____
8. Date of clearing the Ph.D. qualifying Exam: _____
9. Title of the Ph.D. proposal: _____
10. Date of the approval of the Ph.D. proposal: _____
11. Name of the Ph.D. supervisor (Department) : _____
12. Name of co-supervisor (Department): _____
13. Your current fellowship: Amount : _____ (Rs/month); Nature: Institute() / Project ()
14. Certificate you want (tick the correct one): Bonafide certificate () / NOC/Visa ()
15. Purpose of requesting the certificate: _____

Signature of the student (s/d)

Name and signature of the Thesis supervisor

Name and signature of the Head of the Department

Associate Dean GCIR (s/d)

Associate Dean, AGSRD(s/d)

Joint Registrar