**RAIGANJ UNIVERSITY**

 P.O. RAIGANJ, DIST: UTTAR DINAJPUR, WEST BENGAL, PIN: 733134, INDIA

 

 **Clearance Certificate**

 **(For Ph.D. Thesis Submission)**

This is to certify that Mr./ Mrs. ***………………………………….***Ph.D. scholar of academic session

………………………………. , the date of admission in Ph.D. …………………………………of the Department

of ***…………………………………………*** Raiganj University bearing Ph.D. Registration number

**………………………………………** has no dues from the Department/ Office/ Branch.

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| **Sl No.** | **Concerned Department** | **Signature with date with Seal** |
| 1 | Head of the Department |  |
| 2 | Finance Officer |  |
| 3 | Librarian |  |
| 4 | Nodal Officer for Fellowship(Asst. Registrar/Systems and Support Officer) |  |

 Registrar

 Raiganj University