

C. JOURNAL INFORMATION

Article's Title:

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Journal Name:

Volume No.:

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 Issue No.:

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ISSN No.:

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 Page No.:

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D. DECLARATION

The information I have given in this application is true and correct.
 I declare that I am not a full time worker at any organisation and do not receive any full scholarship.

Name:

Signature: Date:

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E. SUPERVISOR'S COMMENT (To be filled by Main Supervisor)

Name:

Faculty:

Supervisor's Recommendation:
(in terms of the quality of the paper and relevancy)

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I hereby certify that all information given in this application is complete and correct to the best of my knowledge.

..... Signature Date Name and Official Stamp

F. ENDORSEMENT BY HEAD OF POSTGRADUATE STUDIES FACULTY

Endorsed

Not endorsed

Comment:

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Signature

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Date

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Name and Official Stamp

FOR OFFICE USE ONLY

The Committee of the Meeting recommended the following decision on

(Date of committee meeting)

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Results	Comment
Accept <input type="checkbox"/>	
KIV <input type="checkbox"/>	
Reject <input type="checkbox"/>	