



CENTRE FOR RESEARCH STUDIES (CRS)
KRISHNA UNIVERSITY:: MACHILIPATNAM
Andhra Pradesh-521 004

ACKNOWLEDGEMENT

(Particulars to be filled by the applicant)

Received an application for submission of Ph.D. Thesis/M. Phil. Dissertation along with synopsis

Title of Thesis/Dissertation

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Submission Date & Time

Name of the Scholar

Regd. No.

Department

Faculty

Name of the Supervisor ..

Name of the Co-Supervisor

Full Postal Address with Mobile No.

.....

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Date:

Office Stamp:

Receiver's Signature & Designation