



We,

the Chancellor, Vice-Chancellor

and Members of the Management Council of

**Dr. Babasaheb Ambedkar Marathwada University,**

Aurangabad (Maharashtra State), India.

Certify that the withinsigned

*[Signature]*

*Dr. Babasaheb Ambedkar Marathwada University*

Student of

who has been found duly qualified for the Degree of

Doctor of Philosophy (*Ph.D.*)

The Degree of

# Doctor of Philosophy

(*Ph.D.*)

has been conferred on *[Name]* at Aurangabad, on the

*[Date]* day of the month of *[Month]* in the year

*[Year]*

In Testimony whereof are set the Seal of the said University

and the signature of the said Vice-Chancellor.

Date of Notification

*[Date]*

Place: Aurangabad

Date of issue of the

*[Date]*

Degree Certificate

Vice-Chancellor

*[Signature]*