

**INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR**  
*(A University established under IIPHG Act, 2015 of Gujarat)*

**ANNEXURE 11:  
DECLARATION BY THE PH.D. SCHOLAR**

I, \_\_\_\_\_ PhD Research Scholar in the  
Department of \_\_\_\_\_ hereby declare that the work embodied in this  
Ph. D. thesis entitled \_\_\_\_\_

\_\_\_\_\_

in fulfilment of the requirements for the award of degree of Doctor of Philosophy in the discipline  
of \_\_\_\_\_ and submitted to the Department of  
\_\_\_\_\_, Indian Institute of Public Health Gandhinagar is a result of  
my own bona fide work carried out with my personal effort and submitted by me under the  
supervision of Prof./Dr. \_\_\_\_\_ during the period  
from \_\_\_\_\_ to \_\_\_\_\_. The contents of this thesis have not formed  
the basis for the award of any Degree/ Diploma/ Fellowship/ Titles in this University or any other  
University or similar Institutions of Higher Education. I further declare that the material/information  
obtained from other sources has been duly acknowledge in the thesis.

Signature of the PhD Research Scholar

Date

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**CERTIFICATE BY THE RESEARCH SUPERVISOR**

It is certified that the thesis entitled, \_\_\_\_\_  
\_\_\_\_\_,  
submitted by Dr/Mr/Mrs/Ms. \_\_\_\_\_ to the Indian Institute of  
Public Health Gandhinagar (IIPHG), in partial fulfilment of the requirements for the award of the  
Degree of Doctor of Philosophy in \_\_\_\_\_, embodies original research work carried-  
out by the student under my guidance and supervision. To the best of my knowledge and belief  
this thesis

- I. embodies the work of candidate himself / herself,
- II. has duly been completed,
- III. fulfils the requirements of the regulations relating to the Ph.D. programme of the  
University,
- IV. is up to the standard in respect of both content and language for being referred to the  
examiner.
- V. Contents of the thesis do not form the basis for the award of any other degree/ diploma or  
similar title to the candidate or to anybody else from this or any other University/Institution.

Name of the Research Supervisor  
Designation  
Date

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**ORIGINALITY REPORT CERTIFICATE**

The research work embodied in this thesis entitled, \_\_\_\_\_

\_\_\_\_\_ has been carried out by me at the Department of \_\_\_\_\_, Indian Institute of Public Health, Gandhinagar, Gujarat, India.

The thesis has been subjected to plagiarism check by the Librarian at the IIPHG. Plagiarism report is attached with the thesis at Annexure\_\_\_\_\_. I declare that the work and language included in this thesis is free from any kind of plagiarism.

Name and Signature of the Candidate  
Date