

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

ANNEXURE 5: CERTIFICATE FOR FEES

1. Name of Ph.D. Scholar:
2. Registration No.:
3. Title:
4. Specialization:
5. Name of Ph.D. Research Supervisor:
6. Name of Ph.D. Co-Supervisor (if any):

Fees are paid as per following particulars:

Semester	Type of Fees	Amount (Rs.)	Transaction ID / UTR Number	Payment Mode	Date

Signature of Ph.D. Scholar with Date:

For Office Use

Name of the Verifier (Account Officer):

Signature:

Date:

Finance Officer/Manager