

(Title of the thesis as approved by the University - First letter of each word in capital)
<1.5 line spacing>

*Thesis submitted in partial fulfillment for the award of
degree of Doctor of Philosophy in (as given in provisional registration confirmation)*
In small letters in two lines)<Italic>

By

**Candidate's name with initial only
Registration Number **

**Under the guidance of
(Research Supervisor's name)**



**Department of _____
Faculty of _____**

VINAYAKA MISSION'S RESEARCH FOUNDATION, SALEM

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<1.5 line spacing>

Month & year of submission

