



SRM INSTITUTE OF SCIENCE AND TECHNOLOGY

(Deemed to be University U/s 3 of UGC Act, 1956)

CERTIFICATE

This is to certify that the Corrections as recommended by the Examiner 1 & 2 for the Thesis entitled,

“ _____

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submitted by the candidate

Mr/Ms _____

(Full Time / Part Time, Internal / External) in the Department of

_____, **Faculty of**

have been made as per the list enclosed.

Signature of the Research Adviser

Encl:

List of correction made		
Sl.No.	Page Number	Corrected as