

From

Date:

Name of the Supervisor  
Designation  
Department  
Affiliation with full address

Through

The Head of the Department  
St. Peter's Institute of Higher Education and Research  
AVADI, Chennai 600 054

To

The Dean (R&D)  
St. Peter's Institute of Higher Education and Research  
AVADI, Chennai 600 054

Respected Sir,

**Sub:** Submission of Thesis – ..... (Name of  
the Scholar), (Regn. No.....) Department of  
.....- Reg.

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I am herewith recommending and forwarding four copies of thesis  
entitled “.....”,  
of my Ph.D. Research Scholar..... Regn. No.  
....., Department of .....  
along with one soft copy in CD. I request you to kindly accept and  
acknowledge the same.

Thanking you.

Yours sincerely

(Signature of the supervisor with seal)

(Signature of the Head of the Department with seal)

Encl.:

1. Semester fee challans
2. Synopsis fee challan
3. Approved draft copy of the thesis