

CENTRE FOR RESEARCH
Proforma for submission of PhD Synopsis



Name of the Scholar		Date of Submission	
Register Number		Discipline	
Name of Supervisor		Name of Co-Supervisor (If applicable)	
Year of Registration		Date of confirmation	
Date of completion of minimum Period		Date of completion of maximum period	
Whether synopsis submitted within the maximum duration.			YES/NO
If No, Extension of period approved (Attach proof)			
Title of Research			
Is the title as approved in the final proposal presentation			YES/NO
Whether the Scholar Completed Plagiarism Test and Approved by the Authorities			YES/NO
Whether the Scholar has submitted details of one publication and two paper presentation as per the PhD Regulations. (Proof is mandatory – Attach copy of the papers published /Presented or copy of the paper and acceptance letter)			YES/NO
Journal	Published	Accepted	Conference
National			National
International			International
3 copies of the synopsis as per the guidelines		YES/NO	Synopsis in CD (1 No.)
			YES/NO

Fee Payment Details:

Month and year					
Amount Paid					
Receipt No.					

Progress Report:

Period								
Date of								

Certified that the information furnished above are true and correct to the best of my knowledge.

Signature of the Supervisor

Signature of the Joint Supervisor

Signature of the Research Scholar

Checked and Accepted

Assistant Coordinator

Associate Director-Research

Assistant Director-Research


CENTRE FOR RESEARCH
Proforma for submission of PhD Thesis

Name of the Scholar		Date of Submission	
Register Number		Discipline	
Name of Supervisor		Name of Co-Supervisor (If applicable)	
Year of Registration		Date of confirmation	
Date of completion of minimum Period		Date of completion of maximum period	
Whether thesis submitted within the maximum duration.			YES/NO
If No, Extension of period approved (Attach proof)			
Date of synopsis defense		Date and Reference of Synopsis Approval	
Whether thesis submitted within 6 Months of Synopsis Approval			YES/NO
Title of Research			
Whether the Scholar Completed Plagiarism Test and Approved by the Authorities (Attach the Certificate and Report)			YES/NO
Panel of Examiners (both within Karnataka and Outside Karnataka) with complete and correct postal address including Phone No, Mobile No, and correct E-mail ID. As per the format)			YES/NO
3 copies of the thesis as per the guidelines	YES/NO	Thesis in CD (1 No.)	YES/NO
Details of Adjudication Fee paid (Attach copy of the receipt)	Receipt No. Date :		
No Due Certificate	YES/NO		

Certified that the information furnished above are true and correct to the best of my knowledge.

Signature of the Supervisor

Signature of the Co Supervisor

Signature of the Research Scholar

Checked and Accepted

Assistant Coordinator

Associate Director-Research

Assistant Director-Research


CENTRE FOR RESEARCH
**Proforma for submission of PhD Thesis
For Plagiarism test**

Name of the Scholar		Date of Submission	
Register Number		Discipline	
Name of Supervisor		Name of Co-Supervisor (If applicable)	
Year of Registration			
Date of synopsis defense		Date and Reference of Synopsis Approval	
Title of Research			
1 copy of the thesis as per the guidelines	YES/NO	Thesis in CD (1 No.)	YES/NO

Supervisor's Certificate for Exclusion of Self-Published work

The content of the chapters _____ have been published in

- 1.
- 2.
- 3.
- 4.

This published work has been included in the thesis and has not been submitted for any degree to any University/institute.

Certified that the information furnished above are true and correct to the best of my knowledge.

Signature of the Supervisor

Signature of the Co Supervisor

Signature of the Research Scholar

Checked and Accepted

Assistant Coordinator

Associate Director-Research

Assistant Director-Research

CENTRE FOR RESEARCH
Examiners Panel for PhD Thesis Evaluation



OUTSIDE KARNATAKA

Name of the Scholar		Register Number	
Discipline		Year of Registration	
Name of Supervisor		Name of Co-Supervisor (If applicable)	
Title of Research			

Sl.No.	Details of Panelist with Complete Postal Address	
1	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
2	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
3	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
4	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
5	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	

Signature of the Supervisor

Signature of the Co Supervisor



WITHIN KARNATAKA

Name of the Scholar		Register Number	
Discipline		Year of Registration	
Name of Supervisor		Name of Co-Supervisor (If applicable)	
Title of Research			

Sl.No.	Details of Panelist with Complete Postal Address	
1	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
2	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
3	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
4	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	
5	Name	
	Designation	
	Complete Postal Address	
	Contact Numbers	
	Email Address	

Signature of the Supervisor

Signature of the Co Supervisor