

CENTRE FOR RESEARCH

Proforma for the Submission of PhD Synopsis

Name of the Scholar			
Registration Number		Discipline	
Name of the Supervisor			
Name of Co Supervisor			
Year of Admission and batch (June or December)		Date of Submission of Synopsis	
Total Duration from Admission to Submission of Synopsis		Date of Department Level Synopsis Defense	
Approved Title of Thesis			
SCOPUS/ WoS Publication Details (Attach Proof)	1.	2.	
Conference Presentations (Details Attached)	1.	2.	
Approval by RAC Members (Names and Signatures)	1.	2.	
	Signature:	Signature:	

Signature of Scholar:

Signature of Supervisor and Co Supervisor

TO BE FILLED BY THE DEPARTMENT COORDINATOR

- ☐ Scholar has updated all progress reports/RAC reports on the Student Portal (KP) and approved by supervisor
- ☐ Scholar has completed the minimum requirements of publication as per the PhD regulation
- ☐ Scholar has completed the Department level synopsis defense and submitted the final synopsis
- ☐ Scholar has paid all the annual course fees

Name of the Coordinator **Signature:** **Date:**

Approved by HOD/Dean: Name: **Signature:** **Date:**

Verified by:

Assistant Coordinator / Administrative Staff - CFR

DIRECTOR

CENTRE FOR RESEARCH

Proforma for the submission of PhD Thesis

Name of the Scholar		Date of Submission	
Registration Number		Discipline	
Name of Supervisor		Name of Co-Supervisor (If applicable)	
Year of Admission and batch (June/Dec)		Campus	
Date of Final Synopsis Approval		Whether thesis submitted within 6 Months of Synopsis Approval	YES / NO
Title of Thesis			
Whether the Scholar Completed Plagiarism Test and Approved by the Authorities (Attach the Certificate and Report)		YES /NO	Plagiarism %
Details of Adjudication Fee paid (Attach copy of the receipt)		Receipt No.	Date :
No Dues from Library	YES/NO	Signature of Librarian:	
Approval by RAC Members (Names and Signatures)	1.		2.
	Signature		Signature
<p>Certified that the information furnished above are true and correct to the best of my knowledge.</p> <p>_____</p> <p>Signature of the Scholar Signature of the Supervisor Co Supervisor Date</p>			
<p>Approved by the HOD/Dean: Name: Signature: Date:</p> <p>Verified and Accepted by Centre for Research</p> <p>Assistant Coordinator Associate Director – Administration</p>			