

CENTRE FOR RESEARCH
Proforma for submission of PhD Synopsis



CHRIST
UNIVERSITY
 BENGALURU, INDIA

Declared as Deemed to be University under Section 3 of UGC Act 1956

Name of the Scholar		Date of Submission	
Register Number		Deanery	
Name of Supervisor		Name of Co-Supervisor (If applicable)	
Title of Research			
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)			
Is the title same 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 is true and correct to the best of my knowledge.

Signature of the Research Scholar

Signature of the Co-Supervisor

Signature of Supervisor

Approved by

Coordinator, Centre for Research

Additional/Associate Director, Centre for Research

Checked and Accepted by

Assistant Coordinator, Centre for Research

CENTRE FOR RESEARCH
Proforma for submission of PhD Thesis



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Name of the Scholar		Date of Submission	
Register Number		Deanery	
Title of Research			
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
Whether the Scholar completed plagiarism test and approved by the authorities? (Attach the certificate and report)			YES/NO
Whether 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 submitted? (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 is true and correct to the best of my knowledge.

Signature of the Research Scholar

Signature of the Co-Supervisor

Signature of Supervisor

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



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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 Research Scholar

Signature of the Co-Supervisor

Signature of Supervisor

Approved by

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CENTRE FOR RESEARCH
Examiners Panel for PhD Thesis Evaluation
Outside Karnataka



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Name of the Scholar		Discipline	
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Name of Supervisor		Name of Co-Supervisor (If applicable)	
Title of Research			

S.No.	Name with full address	Area of specialization
1.	Name : Designation : Department : Address : Phone: E-mail:	Area of specialization No. of publications: (List to be enclosed)
2.	Name : Designation : Department : Address : Phone: E-mail:	Area of specialization No. of Publications: (List to be enclosed)
3.	Name : Designation : Department : Address : Phone: E-mail:	Area of specialization No. of Publications: (List to be enclosed)
4.	Name : Designation : Department : Address : Phone: E-mail:	Area of specialization No. of Publications: (List to be enclosed)
5.	Name : Designation : Department : Address : Phone: E-mail:	Area of specialization No. of Publications: (List to be enclosed)

Signature of the Co-Supervisor

Signature of the Supervisor

CENTRE FOR RESEARCH
Examiners Panel for PhD Thesis Evaluation
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3.	Name : Designation : Department : Address : Phone: E-mail:	Area of specialization No. of Publications: (List to be enclosed)
4.	Name : Designation : Department : Address : Phone: E-mail:	Area of specialization No. of Publications: (List to be enclosed)
5.	Name : Designation : Department : Address : Phone: E-mail:	Area of specialization No. of Publications: (List to be enclosed)

Signature of the Co-Supervisor

Signature of the Supervisor