

**135, East Coast Road, Kanathur, Chennai-603112**

**CENTRE FOR RESEARCH**

**ATTENDNCE FOR PRE-PHD THESIS PRESENTATION**

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| Name of the PhD Scholar |  |
| Department |  |
| Category |  |
| Name of the Supervisor |  |
| PhD Title |  |
| Date of synopsis submission |  |
| Date and time of Pre-PhD thesis Presentation |  |
| Venue |  |

**Attendance of participants**

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| **Sl. No.** | **Name** | **Designation** | **Department** | **Signature with date** |
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**SIGNATURE OF THE DC MEMBERS**

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| Signature of the Supervisor |  |
| Signature of Co-Guide if any |  |
| Signature of HOD |  |
| Signature of External Expert |  |
| Signature of External Expert |  |
| Signature Deputy Director Research |  |

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