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| Ph.D. | FT / PT/ Faculty |
| Reg. No. |  |

**PROFORMA FOR SUBMISSION OF Ph. D/SYNOPSIS**

1. Registration Details:

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| --- | --- | --- | --- |
| Name of the Scholar :  Contact Phone Number:  Email ID: | | Address for Communication: | |
| Name of the Guide / Supervisor :  Designation:  Contact Phone Number:  Email ID: | | Name of the Co-Guide, if any:  Designation:  Contact Phone Number:  Email ID: | |
| Category at the time of Registration | FT/ PT/ Faculty | Change of category, if any |  |
| Month and Year of  Registration |  | Date of completion of minimum Period |  |
| Date of completion of maximum period |  | Extension of period  approved (mention date) | Up to: |
| Date of DC meeting for approval of synopsis |  | Date of submission of synopsis |  |

II. Semester Fee Payment Details:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month and year |  |  |  |  |  |  |  |  |
| Amount Paid |  |  |  |  |  |  |  |  |
| Receipt Details |  |  |  |  |  |  |  |  |

III. Half- Yearly Progress Report:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Period /  Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Submission date |  |  |  |  |  |  |  |  |

IV. Course Work Details:

|  |  |
| --- | --- |
| Sl. No. | Course Title |
|  |  |
|  |  |
|  |  |
| Comprehensive report detailing the study period to be enclosed | |

V. Proof for the seminar presentations (attach copies):

VI. Publications Details: (Attach Photocopy of the published paper with Monogram of the Journal)

|  |  |  |
| --- | --- | --- |
| Journal | Number of Publication(s) | Name of the Journal |
| National |  |  |
| International |  |  |

Proof for impact factor, if any, should be enclosed.

VII. Details of Synopsis fee:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Bank & Branch / Receipt | DD No. | Date | Amount (Rs.) |
|  |  |  |  |

VIII. Whether synopsis submitted within the maximum duration: **YES/NO**

If **NO**, copy of the Extension order should be enclosed.

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

Signature of the Scholar

Signature of the Co-Guide (if applicable) Signature of the Guide/ Supervisor

(Name with Seal) (Name with Seal)

(For Office use only)

Checked & Accepted and forwarded to Controller of Examination for further necessary action with Original Synopsis – 5 Nos. and soft copy CD – 1 No.

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DIRECTOR (Research)

CC: Registrar, Special Officer, Chairman Board of Research Studies, PhD file.