**Proforma – IX(d)**

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

***I. Registration Details:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Scholar : | |  | |
| Registration No: | |  | |
| Date of Birth (dd/mm/yyyy) | |  | |
| Address of the Scholar:  (Permanent Residential Address) | |  | |
| Mobile Number: | |  | |
| Land Line Number: | |  | |
| Email id: | |  | |
| Supervisor’s Name : | |  | |
| Supervisor’s Mobile Number: | |  | |
| Supervisor’s e mail id: | |  | |
| Joint Supervisor’s Name: | |  | |
| Joint Supervisor’s Mobile Number: | |  | |
| Joint Supervisor’s e mail id: | |  | |
| Category at the time of Registration |  | Change of category if any (Please enclose order) |  |
| Month and Year of  Registration |  | Period of Break of Study granted if any |  |
| Date of Confirmation |  | Date of completion of minimum period |  |
| Date of completion of maximum period |  | Extension of period  approved (Mention Date) | Up to: |
| Date of Pre-Synopsis DC meeting |  | Date of the Synopsis DC meeting |  |
| Date of Submission of Synopsis |  |  |  |

***II. Semester Fee Payment Details:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Payment** |  |  |  |  |  |  |
| **Receipt No** |  |  |  |  |  |  |
| **Amount** |  |  |  |  |  |  |

***III. Course Work Details: (As per regulations)***

|  |  |
| --- | --- |
| *Total no. of Credits Earned* |  |

***IV. Course work Subject Details: (Copy of the Grade Statement to be attached)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **Subject** | **Grade** | **Code** | **Subject** | **Grade** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***V. Details of the Doctoral Committee meetings***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***SL. NO*** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** |
| ***DATE*** |  |  |  |  |  |  |

*\* Copy of the Notification and Minutes of the Doctoral Committee meetings should be attached.*

***VI. Publication Details: (****Proof is mandatory)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Journal** | **Published** | **Accepted** | **Conference** | **Published** | **Accepted** |
| ***National*** |  |  | ***National*** |  |  |
| ***International*** |  |  | ***International*** |  |  |

***VII. Synopsis Fee Payment Details: (Original receipt to be attached)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Amount (Rs.)** | **DD / Receipt No.** | **DD / Receipt Date** | **Bank Name** | **Branch** |
|  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Signature of**  **Research Scholar** | **Signature of**  **Joint-Supervisor**  *(with name and seal)* | **Signature of Supervisor**  *(with name and seal)* |

|  |  |
| --- | --- |
| **HoD**  *(with name and seal)* | **Coordinator-AR**  *(with name and seal)* |

**Ph.D SYNOPSIS SUBMISSION ACKNOWLEDGEMENT**

**(For Office use only)**

Checked and Accepted

Name of the Student **:**

Register Number **:**

Department **:**

No of Copies of the Synopsis  **:**

Date of Submission of Synopsis  **:**

Date of Acknowledgment Issued  **:**

**Staff in-Charge Coordinator-AR**