

**DOCTORAL THESIS – SYNOPSIS SUBMISSION FORM**

<b>Name of the Candidate:</b>	
<b>Roll Number:</b>	<b>Date of Joining:</b>
<b>Department:</b>	<b>School:</b>
<b>Title of Thesis:</b> .....	
<b>Date of Synopsis Presentation:</b>	<b>Date of final Submission of Synopsis:</b>
<b>Communication Address:</b> ..... ..... ..... <b>District</b> _____, <b>State:</b> _____, <b>Pin Code:</b> _____, <b>Country:</b> .....	<b>Contact Details</b>  <b>Mobile No:</b> _____  <b>E-Mail ID:</b> _____

**This is to declare that the PhD synopsis submitted by the student is approved by the doctoral committee. The names of possible external examiners for evaluation of the thesis has been vetted and approved (Kindly attach)**

<b>Chairperson</b>	Signature _____ Date _____
<b>Member 1</b>	Signature _____ Date _____
<b>Member 2</b>	Signature _____ Date _____
<b>Research Advisor</b>	Signature _____ Date _____
<b>Research Co-advisor, if any</b>	Signature _____ Date _____
<b>Head of Department</b>	Signature _____ Date _____

**Dean of School:** \_\_\_\_\_

**Date:** \_\_\_\_\_