



Mode of study	FT/ PT-INT/ PT-EXT
VTD No.	
Reg. No.	
Date of Provisional Registration	

**CHECKLIST FOR SUBMISSION OF Ph.D. SYNOPSIS**

1. Proforma for submission of Synopsis **YES/NO**
2. 6 hard copies of Synopsis as per the norms/ Regulations of Ph.D. Programme **YES/NO**
3. Soft copy of Synopsis in CD ROM (1No.) **YES/NO**
4. Panel of Examiners (both Indian and Foreign) with complete and correct postal address including Phone No., Mobile No., Fax No. and correct e-mail ID (typed only) in a closed cover **YES/NO**
5. Photocopy of papers published in Scopus Indexed Journals with Impact Factor **YES/NO**
6. Photocopy of Provisional Admission Order **YES/NO**
7. Photocopy of Minutes of all Doctoral Committee / Research Advisory Committee meetings signed by all the members. **YES/NO**
8. Photocopy of fee receipts for all the semesters till the submission of Synopsis **YES/NO**
9. Photocopy of Mark sheet/ Coursework Completion Certificate **YES/NO**
10. Photocopy of UG and PG Degree Certificates **YES/NO**
11. Photocopy of circular for the synopsis meeting. **YES/NO**
12. Whether Synopsis submitted within the maximum duration **YES/NO**  
If no, Photocopy of extension order should be enclosed **YES/NO**
13. Photocopy of National Academic Depository (NAD) ID **YES/NO**

**Checked and found correct:**

**Signature of the Research Scholar**

**Research Supervisor**

**Research Co- Supervisor**  
(if applicable)



**Vel Tech**  
Rangarajan Dr. Sagunthala  
R&D Institute of Science and Technology  
(Deemed to be University Estd. u/s 3 of UGC Act, 1956)

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### PROFORMA FOR SUBMISSION OF Ph.D. SYNOPSIS

#### I. Particulars of Research Scholar:

Name of the Research Scholar :	
Department :	Contact No. :
School :	Email ID :
Designation :	
(where applicable the research scholar is working)	
Name of the Institution and address :	
(where the research scholar is employed)	

#### II. Particulars of Research Supervisor:

Name of the Research Supervisor :	
Recognition ID :	
Department :	Contact No. :
School :	Email ID :
Name of the Research Co-Supervisor (if applicable) :	
Recognition ID :	
Department :	Contact No. :
School :	Email ID :



VII. Doctoral Committee/Research Advisory Committee Meeting Report:

Review Meeting Number								
Date of Meeting								
Review Meeting Number								
Date of Meeting								

VIII. Publications:

Total number of research publications	
Number of papers published in Scopus Indexed Journals with Impact Factor	

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

Date :

Place :

Signature of the Research Scholar

Signature and Seal of the authorities where the research scholar is working (if applicable)	
Head of the Department	Principal/ Director of the Institution

**Research Supervisor**

**Research Co- Supervisor**  
(if applicable)

**Head of the Department**

**Dean of the School**

**Dean (Research Studies)**

**Vice Chancellor**