



**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**Date:**

**PROFORMA FOR SUBMISSION OF THE SYNOPSIS**

|     |   |  |
|-----|---|--|
| 01. | Name ( as in the PG Degree Certificate) in Block Letters  |  |
| 02. | Registration Number   |  |
| 03. | Father's Name   |  |
| 04. | Age, Place and Date of Birth  |  |
| 05. | Address ( in Block Letters) to which all communications are to be sent  |  |
| 06. | Particulars of PG or other qualifying Degree to the Ph.D Programme  | <b>Degree</b> :<br><b>Date of Passing</b> :<br><b>Register No.</b> :<br><b>University</b> :            |
| 07. | Date of Convocation at which the above Degree was taken   |  |
| 08. | If the qualifying degree is from an University outside Tamilnadu, give the reference number and date of the Communication of this University recognising the Degree |  |
| 09. | Provide information regarding Provisional registration of the Ph.D.Degree   | <b>Date of Provisional Registration:</b><br><b>Date of Confirmation:</b><br><b>University Ref.No</b> : |
| 10. | Faculty and Department in which the Research was undertaken by the candidate  |  |
| 11. | a. Category at the time of Registration :<br>b. Change of category, if any (to provide the order issued by the Registrar)   |  |
| 12. | Date of Completion of maximum period  |  |
| 13. | Extension of period approved ( date to be mentioned )   |  |
| 14. | Date of DC meeting for approval of Synopsis   |  |

|     |                                |  |
|-----|--------------------------------|--|
| 15. | Date of Submission of Synopsis |  |
| 16. | Semester Fees Details          |  |

|                |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|
| Month and Year |  |  |  |  |  |  |  |  |
| Amount Paid    |  |  |  |  |  |  |  |  |
| Month and Year |  |  |  |  |  |  |  |  |
| Amount Paid    |  |  |  |  |  |  |  |  |

|     |                     |
|-----|---------------------|
| 17. | Course Work Details |
|-----|---------------------|

| Course Code               | Course Title | Credits | Core Course / Elective / Special Elective | Grade Marks / |
|---------------------------|--------------|---------|---|---------------|
|                           |              |         |   |               |
|                           |              |         |   |               |
|                           |              |         |   |               |
|                           |              |         |   |               |
| Comprehensive Examination |              |         |   | Pass/ Fail    |

|     |                             |
|-----|-----------------------------|
| 18. | Progress Report – submitted |
|-----|-----------------------------|

| Period             | Jan-Jun | Jul-Dec | Jan-Jun | Jul-Dec | Jan-Jun | Jul-Dec | Jan-Jun | Jul-Dec |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Date of Submission |         |         |         |         |         |         |         |         |
| Date of Submission |         |         |         |         |         |         |         |         |

|     |                                       |  |
|-----|---------------------------------------|--|
| 19. | Title of Thesis<br>(in Block Letters) |  |
|-----|---------------------------------------|--|

|     |   |   |
|-----|---|---|
| 20. | Name, Designation and full address of Research Supervisor | <b>Name</b> :<br><b>Designation:</b><br><b>Address</b> :<br><br><b>E mail</b> :<br><b>Phone</b> :<br><b>Fax</b> : |
|-----|---|---|

|     |  |   |
|-----|--|---|
| 21. | Name, Designation and full address of the Joint Supervisor ( if applicable ) | <b>Name</b> :<br><b>Designation:</b><br><b>Address</b> :<br><br><b>E mail</b> :<br><b>Phone</b> :<br><b>Fax</b> : |
|-----|--|---|

|     |  |               |  |
|-----|--|---------------|--|
| 22. | Publication Details<br>(Photo copy of the papers and proof for impact factor should be enclosed) | National      |  |
|     |  | International |  |

|     |   |  |
|-----|---|--|
| 23. | Details of the Research Papers presented in Conferences / Seminars (Attach the proof) |  |
|-----|---|--|

|     |                             |
|-----|-----------------------------|
| 24. | Synopsis Fees Paid Details: |
|-----|-----------------------------|

| Date | DD No. & Date | Name of the Bank with Address | Amount |
|------|---------------|-------------------------------|--------|
|      |               |                               |        |

|     |   |                 |
|-----|---|-----------------|
| 25. | Whether Synopsis submitted within the maximum duration (if NO, copy of the extension order should be enclosed.) | <b>YES / NO</b> |
|-----|---|-----------------|

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

Signature of the Candidate  
(With date & Seal)

Signature of the Joint Supervisor  
(if applicable)  
(With date & Seal)

Signature of the Research Supervisor  
(With date & Seal)

Signature of the Head of the Department  
(With date & Seal)

Signature of the Dean (Research) /  
Dean (Medical) / Associate Dean Medical (Research)  
(With Name, Date & Seal)

Signature of the Director (Research)  
(With Name, Date & Seal)

Signature of the Head of the Institution  
(With Name, Date & Seal)

Signature of the Pro-Vice Chancellor  
(With Name, Date & Seal)

**For Office Use only**

**Checked and accepted.**

**SO**

**COE**