

SRM INSTITUE OF SCIENCE AND TECHNOLOGY PROFORMA FOR SUBMISSION OF THESIS

Ph.D.	FT / PT
Reg. No.	

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Supervisor's Name:		Joint Supervisor's Name:		
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Contact No. & Email ID:		Contact No. & Email ID:		
Title of the thesis:				
Category at the time of Registration	PT(Int.)/PT(Ext.)/FT	Change of category if any		
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		Extension of period	upto:	
of maximum period		approved (mention date)	•	
Date of DC meeting		Date of submission of		
for approval of synopsis		synopsis		

II. Extension of time for Thesis submission beyond 6 **months** after the submission of synopsis (if any):

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