

**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> : <b>Date of Passing</b> : <b>Register No.</b> : <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> <b>Date of Confirmation:</b> <b>University Ref.No</b> :
10.	Date of Payment of 1 <sup>st</sup> Semester Tuition Fees (Attach the Proof) :	
11.	Faculty and Department in which the Research was undertaken by the candidate	
12.	a. Category at the time of Registration : b. Change of category, if any (to provide the order issued by the Registrar)	
13.	Date of Completion of maximum period	
14.	Extension of period approved ( date to be mentioned )	

15.	Date of DC meeting for approval of Synopsis	
16.	Date of Submission of Synopsis	
17.	Semester Fees Details	

Month and Year								
Amount Paid								
Month and Year								
Amount Paid								

18.	Course Work Details
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Course Code	Course Title	Credits	Core Course / Elective / Special Elective	Grade / Marks
Comprehensive Examination				Pass/ Fail

19.	Progress Report – submitted
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Period	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Date of Submission								
Date of Submission								

20.	Title of Thesis (in Block Letters)	
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21.	Name, Designation and full address of Research Supervisor	<b>Name</b> : <b>Designation:</b> <b>Address</b> :  <b>E mail</b> : <b>Phone</b> : <b>Fax</b> :
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22.	Name, Designation and full address of the Joint Supervisor ( if applicable )	<b>Name</b> : <b>Designation:</b> <b>Address</b> :  <b>E mail</b> : <b>Phone</b> : <b>Fax</b> :
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23.	Publication Details (Photo copy of the papers and proof for impact factor should be enclosed)	National	
		International	

24.	Details of the Research Papers presented in Conferences / Seminars (Attach the proof)	
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25.	Synopsis Fees Paid Details:
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Date	DD No. & Date	Name of the Bank with Address	Amount

26.	Whether Synopsis submitted within the maximum duration (if NO, copy of the extension order should be enclosed.)	<b>YES / NO</b>
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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 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 Date & Seal)

**For Office Use only**

**Checked and accepted.**

**SO**

**COE**