

**SRM INSTITUTE OF SCIENCE AND TECHNOLOGY**

# FACULTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SRM Nagar, Kattankulathur – 603 203, Chengalpattu District

**Phone: +914427456701 Tel/Fax: +914427456702**

# Date:

MINUTES OF SYNOPSIS MEETING

**Synopsis Proceedings** of the Ph.D. Research Scholar Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Full Time/ Part Time - Int / Ext), Reg.No.(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) washeldon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_ A.M/P.M in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SRM Institute of Science and Technology, Kattankulathur – 603 203.

The following members of the Doctoral Committee were present:

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** DRCC Chairperson

Designation \_\_\_\_\_\_\_\_\_\_\_

Department of \_\_\_\_\_\_\_\_\_\_\_\_

SRMIST, Kattankulathur.

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Supervisor/Convener

Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SRMIST, Kattankulathur.

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Joint Supervisor

Designation

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** External Expert

Designation

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** External Expert

Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The committee also evaluated the research work carried out by the scholar and was satisfied with the performance of the scholar.

Based on the research scholar’s work and his/her presentation, the committee members **RECOMMENDED/NOT RECOMMENDED** for the submission of the Synopsis and Ph.D. Thesis entitled **“\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**”

**Comments from Doctoral Committee Members:**

# External Expert External Expert

(Signature with Name) (Signature with Name)

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# Supervisor Joint Supervisor

(Signature with Name) (Signature with Name)

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**DRCC Chairperson**

(Signature with Name)