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| Ph.D. Research Scholar Name & University Register Number |  |
| School & Department |  |
| Contact Number |  |
| E-mail id |  |
| Registration Mode | Full time/Part time |
| Synopsis Title |  |
| Date of the Synopsis Colloquium |  |
| Timings |  |
| Venue |  |
| Address |  |

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| --- | --- | --- | --- |
| S.No | Name of the Participant | Designation | Signature |
|  |  | Internal DC member |  |
|  |  | External DC member |  |
|  |  | Research Supervisor |  |
|  |  | Head of the Department |  |
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Research Supervisor Co-Supervisor

(Signature & Date) (Signature & Date)

Recommended for Submission and Forwarded

HOD/Dean of the Department

(Signature & Date)

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Verification Status: Verified/ Not Verified

Follow-up Action (If any):

Follow-up Action (Status):

Note:

1. This form shall be typed and printed. Only the signature and date should be handwritten.
2. The format should not be altered. Any alteration in the format will not be accepted.
3. Times New Roman font, size 11 pt., and unbold text should be used.