**FORM OF APPLICATION FOR SUBMITTING THE Ph.D. SYNOPSIS**

Photo

(Stamp Size)

**Subject:**

|  |  |
| --- | --- |
| Name (as in the Degree Certificate) in block Letters (with Contact Number) |  |
| Father’s Name in (in English) |  |
| Address (in Block Letters) to which all communication are to be sent |  |
| Particulars of PG or other qualifying Degree to the Ph.D. Programme |  Date/year of Passing: University: |
| Provide information regarding Enrolment of the Pre-Ph.D. Course Work  | University Ref. No.:Date of Registration: |
| Title of the Thesis (in Block Letters) |  |
| Name, Designation, and full Address of Research Supervisor  (with Contact Number [Mobile]) |  |
| Place of Ph.D. work |  |

**Signature of Signature of the Signature of the Signature of the**

**The Candidate Research Supervisor Head of the Principal/ Dean of**

 **Department Faculty**

**Date:**

**Office of the Controller of Examinations**

**Ph.D. Synopsis Submission**

|  |
| --- |
| **Details of the Candidate** |
| **Name****(In BLOCK Letters)** |  |
| **Ref. No.** |  |
| Date of Birth |  |
| Gender |  |
| Address |  |
| E-Mail Address |  |
| Subject |  |
| Title of the Thesis (in BLOCK Letter) |  |
|  | **Details of Research Supervisor** |
| Name  |  |
| Designation |  |
| Department |  |
| Research Centre |  |
|  |  |

**Signature of the Candidate with Date**

**…………………………………………………………For Office Use Only………………………………………………………………….**

|  |  |
| --- | --- |
| **Enrolment No.** |  |

 **Controller of Examinations**