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| --- | --- |
| Ph.D. Research Scholar Name & University Register Number |  |
| School & Department |  |
| Contact Number |  |
| E-mail id |  |
| Date of Provisional Registration |  |
| Date of Provisional Registration confirmation |  |
| Registration Mode | Full-Time / Part-time |
| Research Supervisor Name |  |
| Co-Supervisor Name, if applicable |  |
| Name of the HOD/Dean of the Department |  |
| Internal Doctoral Committee Member Name |  |
| External Doctoral Committee Member Name |  |
| Date of the Doctoral Committee Meeting |  |
| Whether the Doctoral Committee has recommended and approved the thesis | Yes/No |
| Comments of the Internal DC member |  |
| Comments of the External DC member |  |
| Title of the Thesis |  |
| Whether the title of the thesis and synopsis are same | Yes/No |
| Whether the thesis is submitted within three months from the date of synopsis submission | Yes/ No |

Research Supervisor Co-Supervisor

(Signature & Date) (Signature & Date)

Internal DC Member External DC Member

(Signature& Date) Signature and Date

Recommended for Submission and Forwarded

HOD/Dean of the Department

(Signature & Date)

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Whether Thesis Submission is reviewed? Yes/No

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.