



SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)

Accredited with Grade "A" by NAAC
Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai – 600 119, Tamil Nadu, India

FORM 8



CENTRE FOR ACADEMIC RESEARCH

Office Number: 044-2450 3067; E-mail: deanresearch@sathyabama.ac.in; Website: www.sathyabama.ac.in

FEE DETAILS OF RESEARCH SCHOLAR TO BE SUBMITTED PRIOR TO SYNOPSIS MEETING

Name:		Register Number :	
Date of Comprehensive Meeting Held :			
Fee Details	Bank name	DD Number	Date
Comprehensive Meeting fee			
*Semester fees paid (after Comprehensive Meeting)			
Name of Supervisor & Address (Mobile No. & Mail Id) to which the communication is to be sent regarding contact of Comprehensive DC Meeting			
Name of Joint Supervisor & Address (Mobile No. & Mail Id) (if any)			
Name of the DC Members & Address (Mobile No. & Mail Id) to which the communication is to be sent regarding contact of Comprehensive DC Meeting			

*Fee that is paid along with Six months progress Reports.

Xerox copy of the DD for all the fees paid should be enclosed

Date:

Signature of the Candidate

Note: This form has to be submitted along with the request letter from the supervisor for conducting the Synopsis meeting