



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 9



CENTRE FOR ACADEMIC RESEARCH

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

Name of the Research Scholar :
Register number :
Name of the Supervisor :

Ph.D. | FT / PT (Internal/External)

CHECK LIST WHILE SUBMITTING Ph.D. SYNOPSIS

- | | |
|---|--------|
| 1. 01 copy of the Synopsis as per the norms of Sathyabama University Regulations | YES/NO |
| 2. Soft copy of the Synopsis as PDF file in CD (1 Nos.) | YES/NO |
| 3. Minutes of the Doctoral Committee (synopsis meeting) signed by all the members | YES/NO |
| 4. Panel of Examiners (both Indian and Foreign) with complete and correct postal address including Phone No, Mobile No, Fax No and correct E-mail ID (typed only) in a closed cover | YES/NO |
| 5. Panel of Foreign Examiners should not be of Indian origin | YES/NO |
| 6. Indian Examiner should be given who are from various reputed University/Institution from all over India | |
| 7. Copy of the Provisional registration Confirmation order | YES/NO |
| 8. Attested Xerox copies of UG and PG Degree Certificates along with the below details for submission to COE office | YES/NO |
| 9. Synopsis fee as DD for Rs.10,000/- (Rupees Ten thousand only) drawn in favour of " Sathyabama Institute of Science and Technology " payable at Chennai is enclosed | YES/NO |
| 10. Synopsis Keyword format (typed only) | YES/NO |
| 11. Whether Synopsis submitted within the maximum duration | YES/NO |
| 11.1 If No , Extension of time obtained. | YES/NO |
| 11.2 Copy of the Extension order enclosed, if applicable | YES/NO |
| 12. Contact Phone No, Mobile No and E-mail ID of the Supervisor | YES/NO |
| 13. Contact Phone No, Mobile No and E-mail ID of the DC Members | YES/NO |
| 14. Contact Phone No, Mobile No and E-mail ID of the Research Scholar | YES/NO |
| 15. Covering letter duly signed by the Supervisor | YES/NO |

Date of Conduct of Synopsis Meeting :

Date of submission of Synopsis & Examiner Details :

Details of the latest Semester fees paid (DD / Date – enclose Xerox copy):

Signature of the Supervisor