



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



CENTRE FOR ACADEMIC RESEARCH

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MINUTES OF THE Ph.D SYNOPSIS MEETING

Date of Meeting : _____ Time: _____ Fee Details (Enclose Copy)

D.D. No.,	D.D. Date	Bank	Amount

Scholar Details:

- Name : Mr./Ms. _____ Register Number : _____
- Year of Admission _____ FACULTY : _____
- Category : FULL TIME / PART TIME (Internal) / PART TIME (External)
- Official Address: _____ Residence Address: _____

- Mobile No : _____ Email : _____

Supervisor Details:

- Name of the Supervisor :

- Name of the Joint Supervisor (if any) :

The following members were present

Sl. No.	Name of the Expert & MOBILE No.	OFFICE ADDRESS
1		
2		
3		

RESEARCH TITLE : _____

LIST OF PUBLICATIONS BY THE SCHOLAR – in the order of International Journals, National Journals, Conferences

(Please attach separate sheet if necessary)

Sl. No.	Name of Journal	DATABASE ACCESSED IN SCOPUS / WEB OF SCIENCE / OTHERS	IMPACT FACTOR AS ON DATE / Citations if any	SIMILARITY CHECK REPORT ATTACHED
1				
2				
3				

RECOMMENDATIONS OF THE COMMITTEE : Please attach a separate sheet if required

After evaluating the performance and presentation thoroughly, the committee recommends the Scholar to submit SYNOPSIS..

Signature & Name
of the Member

Signature & Name
of the Supervisor

Signature & Name
of the Member