



# 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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### DETAILS OF PhD SCHOLAR

- 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: \_\_\_\_\_

Position	Name of the Expert & MOBILE No.	OFFICE ADDRESS & Email
Supervisor		
Jt. Supervisor If any		
DC Member 1		
DC Member 2		

PROPOSED RESEARCH TITLE : \_\_\_\_\_  
\_\_\_\_\_

Sl. No.	Course Code	Title of the course	Place of undergoing the Course / If Completed

Confirmation Meeting Conducted : YES / NO Date of Meeting:

No. of Extensions Provided to the Scholar : Maximum of 4 Extensions can be provided

1<sup>st</sup> Extension Meeting Completed On : \_\_\_\_\_ 2<sup>nd</sup> Extension Meeting Completed On: \_\_\_\_\_

3<sup>rd</sup> Extension Meeting Completed On : \_\_\_\_\_ 4<sup>th</sup> Extension Meeting Completed On: \_\_\_\_\_

Official Approved Break of Study availed : From \_\_\_\_\_ To \_\_\_\_\_

### DETAILS OF CHANGE OF SUPERVISOR / DC MEMBERS

Date of Change	Name of the Old Member	Name of New Member	New Member Contact Details