

Synopsis Submission Proforma for MS/M. Phil

TITLE:					
Name of Scholar					
Registration No.			Program of Stu	ıdy	
Date of Registration			Session		
Department/Center/Institute			Scholar Email		
2	Name	Designation	Signatur	e Stamp	
Supervisor					
Co-Supervisor					
Affiliation of Supervisor			Supervisor Email		
3 SYNOPSIS PLAGIA	RISM TEST				
	Name	Designation	Signatur	e Stamp	
Departmental Focal Person					
Verified by QAD					
Plagiarism Percentage Overall Percent		ntage	Highest Individual Source		
PREFERENCE					
Article Publication			Seminar Delivery		
5 REVIEWED BY DEP	ARTMENTAL ADMISS	ION COMMITT	EE		
	Name	Designation	Signatur	e Stamp	
Chairman of DAC					
Member 1					
Member 2					
Remarks of DAC					
Scholar CGPA			Varified by Co	ordinator (Sign & Stamp)	
Scholar CGPA			Verified by Co	ordinator (Sign & Stamp)	
	Name		Verified by Co	ordinator (Sign & Stamp) Stamp	
2	Name				
6 FORWARDED BY			Signature		
FORWARDED BY Dean of Faculty	HE GRADUATES STU	DIES OFFICE (Signature (GSO)		