

Synopsis Submission Proforma for Ph.D

TITLE:				
Name of Scholar				
Registration No.			Program of Study	
Date of Registration			Session	
Department/Center/Institute			Scholar Email	
2	Name	Designation	Signature	e Stamp
Supervisor				
Co-Supervisor				
Affiliation of Supervisor			Supervisor Email	
3 SYNOPSIS PLAC	GIARISM TEST			
	Name	Designation	Signature	e Stamp
Departmental Focal Person				
Verified by QAD				
Plagiarism Percentage	e Overall Percentage		Highest Individual Source	
REVIEWED BY DEPARTMENTAL ADMISSION COMMITTEE				
	Name	Designation	Signature	e Stamp
Chairman of DAC				
Member 1				
Member 2				
Remarks of DAC				
Scholar CGPA			Verified by Cod	ordinator (Sign & Stamp)
5 FORWARDED B	Υ			
	Name		Signature Stamp	
Dean of Faculty				
TO BE FILLED BY THE GRADUATES STUDIES OFFICE (GSO)				
Date of AS&RB meeting Meeting No				