



St. PETER'S UNIVERSITY

St. Peter's Institute of Higher Education and Research
(Declared under section 3 of the UGC Act 1956)

Avadi, Chennai – 600 054. Tamil Nadu.

Phone: 26558090 Fax. 044-26558087

Email: research@stpetersuniversity.org

Website: www.stpetersuniversity.org

SUBMISSION OF Ph.D. SYNOPSIS

CHECK LIST

1. Name of the Research Scholar with Regn. No. (Enclose a copy of the Registration Letter)	
2. Department	
3. Name of the Supervisor, Affiliation & Recognition of Supervisor's Registration Number	
4. Whether provisional registration been confirmed? (Enclose confirmation letter)	Yes / No
5. (a) Whether the minimum period completed? (b) Whether extension obtained? (Enclose proof for extension)	Yes / No Yes / No
6. Whether semester fee paid till date (Enclose copies/no dues certificate)	Yes / No
7. Number of DC Meetings attended (Enclose copy of the DC Meeting Minutes)	
8. Total number of 6 month progress reports submitted (Enclose copy of the progress reports)	
9. No. of Papers published in Refereed Journals by the scholar (Enclose copies of reprints with proof for Impact Factor) (Minimum number of papers to be published – 2)	
10. Whether Submission of Synopsis is recommended by the Doctoral Committee? and date of DC Meeting.	Yes / No
11. Date of Pre-Presentation made (Enclose a certificate from the guide duly counter signed by the HOD)	

12. Probable Date of Submission of Synopsis	
13. Expected Date of Submission of Thesis	
14. Recommendation for Submission	Recommended / Not Recommended

Signature of the HOD
(with seal)

Signature of the Guide
(with seal)

Dean
(R&D)

Note :



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PRE-SUBMISSION PRESENTATION

CERTIFICATE

Name of the Research Scholar :
Registration Number :
Department : FT / PT (Internal) / PT (External)
Category :
Date of Presentation :

Certified that the above research scholar under my guidance has presented his/her research work during Pre-submission Presentation and his/her presentation is **Good / Satisfactory / Not Satisfactory**. All the suggestions made by the expert members are taken into consideration and important suggestions will be included in the thesis entitled,
“
.....
.....
.....”

Head of the Department
(with seal)

Signature of the Supervisor
(with seal)

Approved Dean (R&D)

Place: Chennai 600 054

Date:



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PRE-SUBMISSION PRESENTATION REPORT

1. Name of the Research Scholar :
2. Registration Number :
3. Department :
4. Category :
5. Name of the Supervisor, Designation & Address of the Supervisor :
6. University Reference Number :
7. Presentation date and venue :
8. No. of Papers published by the Scholar :
9. Comments on the Composition of the thesis : Adequate / need to be revised
10. Comments on the Communication Skill : Good / Satisfactory
11. After the Pre-submission presentation whether the scholar may be permitted to submit the Synopsis : Permitted / Not Permitted

Signature of the HOD
(with seal)

Signature of the Guide
(with seal)

Dean
(R&D)



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(Format should be filled in typed document)

List of Papers Published in Journals (Copies of Published papers to be attached)

Name of the Scholar:

Registration Number:

Department:

Name of the Supervisor:

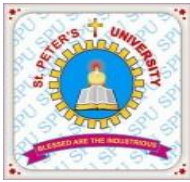
S.No.	Title of the Paper with name of the authors	Journal	Year	Vol. No. & Page Nos.	Impact factor / status of paper (Enclose proof of impact)	If accepted or communicated, Ref. No. and date

Signature of the Research Scholar

Place:

Date:

Signature of the Supervisor
with seal



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Avadi, Chennai 600 054

Ph.D.	Ful Time / Part Time (External / Internal)
Reg. No.	

PROFORMA FOR SUBMISSION OF SYNOPSIS

I. Registration Details:

Name of the Scholar :		Registration No:	
Contact No. & Email ID:		Department :	
Title of the Synopsis / Thesis (in capital letter) :			
Supervisor's Name :		Joint Supervisor's Name:	
Contact No. & Email ID:		Contact No. & Email ID:	
Category at the time of Registration		Change of category, if any	
Month and Year of Registration		Period of break of study granted, if any	
Date of confirmation		Date of completion of minimum Period	
Date of completion of maximum period		Extension of period approved (mention date)	upto:
Date of DC meeting for approval of synopsis		Date of submission of synopsis	

II. Semester Fee Payment Details:

Semester fee paid	1	2	3	4	5	6	7	8	9	10

Verified:

III. Course Work Details:

Sl.No.	Courses	Date of Examinations	Marks Secured	Maximum Marks

Enclose:

1. First and Second Doctoral Committee minutes of the meeting minutes.
2. Confirmation Letter
3. 10th, 12th, UG and PG Degree certificate Xerox copies

IV. Progress Report:

Period	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Date of Submission								

V. Proof for Confirmation & Change of Category (if any) :

VI. Proof for the seminar presentations (attach the circular copies):

VII. Publications Details:

Journal	Published
National	
International	

Photo copy of the papers and proof for impact factor should be enclosed

VIII. Synopsis Fee Payment Details:

Amount (Rs.)	Challan No.	Challan Date	Bank Name	Branch
Rs.30,000/-				

IX. Whether synopsis submitted within the maximum duration: YES / NO

If No, copy of the Extension order should be enclosed:

X. Approval of the Title of the Synopsis / Thesis: YES / NO

XI. Minutes of the Meeting given: YES / NO

XII. List of Examiners (Indian and Foreign) given in a sealed cover: YES / NO

Certify that the information furnished above are true and correct to the best of my knowledge.

Signature of the Scholar

Signature of the Supervisor

(Name with Seal)

Signature of the Joint-Supervisor

(Name with Seal)

(if applicable)

Signature of the Member

(Name with Seal)

Signature of the Member

(Name with Seal)

Head of the Department

Dean (R&D)