EVALUATION REPORT ON PRE-SYNOPSIS SEMINAR

 **FORM -7**

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1. **Name of the Scholar: Roll No.:**
2. **Department / Centre: Date of Admission/Enrollment:**
3. **Registration No.: Date of Registration:**
4. **Date of Pre-synopsis Seminar:**
5. **Title of the Thesis:**
6. **Recommendation (Write the comments)\*:**
7. **Publication Details and the comments of the DSC:**

|  |  |
| --- | --- |
| (a) **Nos.** of papers published/accepted for publication in Journals (SCI/SSCI/AHCI/Non-paid Scopus/ Web of Science)- Attach list of publications and the first pages of the papers and acceptance letters):**SCI:\_\_\_\_\_SSCI: \_\_\_\_\_\_\_AHCI:\_\_\_\_\_\_\_\_\_\_\_ Non-paid Scopus:\_\_\_\_\_\_\_\_\_\_\_\_ Web of Science:\_\_\_\_\_\_\_\_\_\_\_\_** | **Total =** |
| (b) Nos. of Papers presented in Conferences/Seminars (Attach certificate of presentations and the first pages of the papers) |  |
| **Comment\*:** |

 **Endorsement by the DSC Members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.****No.** | **Name of the DSC members** | **Role** | **Signature of the DSC members with date** |
| 1. |  | Supervisor /(s) |  |
| 2. |  | Supervisor /(s) |  |
| 3. |  | Member |  |
| 4. |  | Member |  |
| 5. |  | Member |  |

**CHAIRPERSON, DSC**

**Dean (Academic)**

***[\*Sample Comment:*** *The DSC members have scrutinized the publications and research work of the candidate and those are found to be Sufficient/ Not sufficient & Satisfactory / Not satisfactory as per Ph.D. regulations of the Institute.]*

Ph.D. THESIS SUBMISISON FORM

 **FORM - 8**

(Please Refer to the Checklist/Notifications for Submission of Other Required Documents)

**[*The filled up soft copies in pdf format (with Signature) must be sent from the Institute email address of Chairperson, DSC / Supervisor to Dean (Academic) only*].**

March 2024

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1. **Name of the Scholar: Roll No.:**
2. **Department / Centre: Date of Admission/Enrollment:**
3. **Registration No.: Date of Registration:**
4. **Date of Submission of Thesis:**
5. **Title of the Thesis:**
6. **Report of Plagiarism check (**maximum permissible match upto 20% excluding Publications of the research scholar and corresponding supervisor (s)**): % of Similarity**
7. **Courses completed as per requirement of the Ph.D. regulations: (Yes/No)**
8. **All other necessary documents have been submitted to Academic Section: (Yes/No)**
9. **Thesis Submission Fes (Enclose relevant documents as proof):**

|  |  |  |
| --- | --- | --- |
| **Amount (Rs.)** | **Transaction Details** | **Date of Payment** |
|  |  |  |

1. **Details of semester registration fees due, if any:**
2. **Recommendation of DSC:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.****No.** | **Name of the DSC members** | **Role** | **Signature of the DSC members with date** |
| 1. |  | Supervisor /(s) |  |
| 2. |  | Supervisor /(s) |  |
| 3. |  | Member |  |
| 4. |  | Member |  |
| 5. |  | Member |  |

**CHAIRPERSON, DSC**

**Dean (Academic)**

**CHAIRMAN, SENATE**

Ph.D. THESIS RE-SUBMISISON FORM

 **FORM - 9**

(Please refer to the checklist for submission of other required documents)

**[*The filled up soft copy in pdf format (with Signature) must be sent from the Institute email address of Chairperson, DSC/Supervisor to Dean (AC)/Asso. Dean (AC) only*].**

**March 2024**

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1. **Name of the Scholar: Roll No.:**
2. **Department / Centre: Date of Admission/Enrollment:**
3. **Registration No.: Date of Registration:**
4. **Date of Submission of Thesis:**
5. **Title of the Thesis:**
6. **Report of Plagiarism check (**maximum permissible match upto 20% excluding Publications of the research scholar and corresponding supervisor (s)**): % of Similarity**
7. **Recommendation/Decision of the Indian Examiner on original thesis:**
8. **Decision of the Foreign Examiner on original thesis (To be revised and sent back/ Not recommended)**
9. **Date of communication of the decision to the supervisors:**
10. **Details of thesis Re-submission & last semester registration fees (Enclose relevant documents as proof):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose** | **Amount (Rs.)** | **Transaction Details** | **Date of Payment** |
| **Thesis re-submission fee** |  |  |  |
| **Semester Registration Fee, if required** |  |  |  |

1. **Recommendation with Comments of DSC:**
2. **Endorsement by the DSC Members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.****No.** | **Name of the DSC member** | **Role** | **Signature with date** |
| 1. |  | Supervisor /(s) |  |
| 2. |  | Supervisor /(s) |  |
| 3. |  | Member |  |
| 4. |  | Member |  |
| 5. |  | Member |  |

**CHAIRPERSON, DSC**

**Dean (Academic)**

**CHAIRMAN, SENATE**