



(An Autonomous Institution under MHRD, Government of India)
Melakottaiyur, Off Vandalur-Kelambakkam Road, Chennai-600127
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FORM FOR CONDUCT OF SYNOPSIS MEETING OF THE Ph D SCHOLAR

1. Name of the Scholar with Mobile No. :
2. Roll Number :
3. Category : PhD (Regular HTRA / Regular NHTRA / Internal)
4. Date of Joining / Registration :
5. Date of Passing Comprehensive Examination :
6. Date & Time of proposed Synopsis Meeting :
7. Title of the Thesis:

8. Doctoral Committee :

Chairman	
Guide (s)	
Member	
Member	
External Member	

9. Travel (for External Member) : Institute arrangement / Reimbursement

If the Institute arrangement is required, kindly provide the following:

Name of the Member	Time		Address	Mobile No.	Landline No.
	Pickup	Drop			

10. Honorarium for External Member

- a. Account holder's Name :
- b. Bank Account Number :
- c. Name of the Bank, Branch :
- d. IFSC :

Signature of the
Scholar

Signature of the
Guide (s)

Signature of the
Chairman

Signature of the
Dean (Acad)

ACADEMICS OFFICE

For arrangements and financial sanction of Rs. 1000/-
(Approved / Not Approved)

AR / JR (Acad.)

Director

To

1. Academic Section
2. Accounts section
3. Personal File