

From:

Date:

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To:

The Dean (R&D)  
St.Peter's Institute of Higher Education and Research  
(Deemed to be University U/S 3 of the UGC Act, 1956)  
AVADI, Chennai-600 054

Through the Head of the Department concerned  
St. Peter's Institute of Higher Education and Research  
AVADI, Chennai - 600 054.

Sir,

Sub: Mr./Ms.....- Ph.D. Scholar (Regn. No. ....)  
Submission of Ph.D. Synopsis - Reg.  
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I am forwarding six copies of the Ph.D. Synopsis entitled,  
"....."  
....." and other related documents being the work done by the Research  
Scholar.....(Regn. No. ....), registered  
under me as Part time / Full time Research Scholar, in your esteemed Higher Education  
Institution. All documents as stipulated by the Higher Education Institution are enclosed  
herewith.

Thanking you.

Yours sincerely,

(Signature of the Supervisor with seal)

(Signature of Head of the Department with seal)

Encl:

- (i) Check list
  - (ii) Submission Presentation Certificate
  - (iii) Submission Presentation Report
  - (iv) Submission of Synopsis form
  - (v) Approved Synopsis (6 copies).
  - (vi) Approved Journal Publications (2 copies)
  - (vii) Approved Conferences Papers (2 copies)
  - (viii) Panel of Indian Examiners
  - (ix) Panel of Foreign Examiners
  - (x) Panel of Viva-Voce Examiners
  - (xi) Soft Copy of Synopsis (in DVD)
  - (xii) Poster (3)
  - (xiii) Copy of Journal Publications and Conference Papers (*without soft binding*)
  - (xiv) Power Point Presentation Print out (2 slides per page) duly signed by the RAC Members and Supervisor.
- } (in a single sealed cover along with their profile)



# St. Peter's Institute of Higher Education and Research

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Avadi, Chennai - 600 054. Tamil Nadu.

Phone: 26558080-84/87/90 Fax. 044-26555430

Email: [deanresearch@spiher.ac.in](mailto:deanresearch@spiher.ac.in)

Website: [www.spiher.ac.in](http://www.spiher.ac.in)

*Note: Forms should not be hand written, it should be typed (Mandatory)*

Minutes of the Synopsis Meeting in respect of the Research Scholar.....Regn. No. \_\_\_\_\_

(FullTime / Part Time), Ph.D. Research Scholar held on..... at.....in

.....

### **Members Present (Doctoral Committee / Research Advisory Committee)**

1.		RAC Member 1
2.		RAC Member 2
3.		Supervisor

**Enclosure:** (a) Provisional Registration Letter (b) Approved Minutes of Completed RAC Meetings  
(d) Confirmation order e) 10<sup>th</sup>, 12<sup>th</sup> or Diploma, UG & PG Degree certificate photo copies  
(f) Aadhaar & Pan Card photo copies

### **Modification in the research work title.**

**Note:** During the Synopsis Meeting the RAC Members and the Research Supervisor suggested and directed to make the following modification in the title of the thesis.

**Old Title** (as per Confirmation Order):

**Modified New Title:**

(One page abstract to be enclosed duly signed by the RAC Members and Supervisor)

Signature(with name and date) of the Doctoral Committee / RAC Members

RAC Member 1

RAC Member 2

Supervisor

HOD

Dean (R&D)



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### SUBMISSION OF Ph.D. SYNOPSIS

#### CHECK LIST

1. Name of the Research Scholar with Regn. No.	
2. Department	
3. Name of the Supervisor	
4. Whether provisional registration been confirmed?	
5. (a) Whether the minimum period completed? (b) Whether extension obtained?(Enclose proof for extension)	
6. Whether semester fee paid till date (Enclose copies of semester fee challan from 1 <sup>st</sup> to last semester)	
7. Number of RAC Meetings attended	
8. Total number of six month progress reports submitted (Enclose copy of the progress reports)	
9. No. of Papers published in Refereed Journals by the scholar	
10. Whether Submission of Synopsis is recommended by the Research Advisory Committee?	
11. Date of Synopsis meeting	
12. Date of Approval of Synopsis	
13. Expected Date of Submission of Thesis	
14. Recommendation for Submission	Recommended / Not Recommended

Signature of the Supervisor  
(with seal)

Place: Chennai 600 054  
Date:

Dean (R&D)



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## SUBMISSION PRESENTATION

### CERTIFICATE

Name of the Research Scholar	:	
Registration Number	:	
Department	:	
Category	:	Part Time / Full Time
Date of Presentation	:	

Certified that the above research scholar under my guidance has presented **his/her** research work during 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, "....."  
.....  
.....  
....."

Signature of the Supervisor  
(with seal)

Dean (R&D)

Place: Chennai 600 054

Date:



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## SUBMISSION PRESENTATION REPORT

1. Name of the Research Scholar :
2. Registration Number :
3. Department :
4. Category :
5. Name of the Supervisor :
6. Supervisor's Institution Reference Number :
7. Comments on the Composition of the Synopsis : Adequate / need to be revised
8. Comments on the Communication Skill : Good / Satisfactory
9. After the presentation whether the scholar may be permitted to submit the Synopsis : Permitted / Not Permitted

Signature of the Guide  
(with seal)

Dean (R&D)

Place: Chennai 600 054

Date:



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## SUBMISSION OF SYNOPSIS FROM

### 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 :			
Contact No. & Email ID:			
Category at the time of Registration		Change of category, if any	
Date 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 up to (mention date)	
Date of Synopsis meeting			

### II. Semester Fee Payment Details:

Semester															
Date															
Amount															
<b>DFO REMARKS:</b>															

### III. Course Work Details:

Sl.No.	Courses	Date of Examinations	Marks Secured (Maximum 100 marks)	Letter Grade	Grade Point

### IV. Progress Report:

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

### V. Publications Details:

No. of Journals Publications				Conference Proceedings with ISBN	
International		National		International	National
Scopus	WoS	Scopus	WoS		

**VI. Synopsis Fee Payment Details:**

<b>Amount (Rs.)</b>	<b>Challan No.</b>	<b>Challan Date</b>
<b>Rs.35,000/-</b>		

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

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

**VIII.** Approval of the Title of the Synopsis / Thesis: YES / NO

**IX.** Minutes of the Meeting given: YES / NO

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

**XI.** List of Viva-Voce Examiners given in a sealed cover: YES / NO

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

**Signature of the Scholar**

**Signature of the Supervisor**  
(Name with Seal)

**Signature of the Member 1**  
(Name with Seal)

**Signature of the Member 2**  
(Name with Seal)

Dean (R&D)

Place: Chennai

Date:



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## IMPORTANT POINTS TO REMEMBER

- ✓ Tuition fee must be paid within first week of every semester till the submission of final four copies of thesis within the prescribed period.
- ✓ Six copies of synopsis to be submitted within one month from the date of the Synopsis Meeting along with Synopsis submission forms.
- ✓ Draft Thesis should be submitted before the submission of final four copies of thesis along with Plagiarism and Grammarly report.
- ✓ Final four copies of thesis should be submitted within three months from the date of the Synopsis Meeting
- ✓ Extension of time of a maximum of three months for submission of thesis may be granted under special circumstances on the recommendation of the Research Advisory Committee.

<b>Signature of the Supervisor</b>	<b>Signature of the Research Scholar</b>
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Date:

Place: