



Bharath UNIVERSITY

பாரத் பல்கலைக்கழகம்

BHARATH INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Declared as Deemed-to-be-University, u/s 3 of the UGC Act, 1956)

Accredited with A Grade by NAAC

173, Agaram Road, Selaiyur, Chennai- 600 073, Tamilnadu. India.

Proforma for Submitting the Synopsis

1	Name (as in the Degree Certificate) in Block Letters	
2	Register Number	
3	Father's Name	
4	Age, Place and Date of Birth	
5	Address (in Block Letters) to which all Communications are to be sent	
6	Particulars of PG or other qualifying Degree to the PhD Programme	Degree: Date of Passing: Register No.: University:
7	Date of Convocation at which the above Degree was taken	
8	If the qualifying degree is from an University outside Tamilnadu, give the reference number and date of the communication of this university	
9	Provide information regarding Provisional registration	Date of Provisional Registration: Date of Confirmation: University Ref No.:
10	Faculty and Department in which the Research was undertaken by the candidate	
11(a)	Category at the time of Registration(FT/PT)	
11(b)	Change of category, if any	
12	Date of Completion of Maximum period	
13	Extension of period approved(date to be mentioned)	

14	Date of DC meeting for Approval of Synopsis									
15	Date of Submission of Synopsis									
16	Semester fee Details									
Month & Year										
Amount Paid										
Month & Year										
Amount Paid										

17	Course work details					
Course Code	Course Title			Credits	DS/LS	Grade/Marks
Comprehensive Examination						Pass / Fail

18	Progress report submitted						
Period	Jan-July	July-Dec	Jan-July	July-Dec	Jan-July	July-Dec	

19	Title of Thesis (in Block Letter)	
20	Name, Designation and Full address of Research Supervisor	Name: Designation: Address: Email: Phone: Fax:

21	Name, Designation and Full address of Joint Supervisor	Name: Designation: Address: Email: Phone: Fax:		
22	Publication Details (Photo copy of the papers and proof for impact factor should be enclosed)	National: International:		
23	Synopsis fees paid details			
	Date	DD No. & Date	Name of the bank Address	Amount

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

Signature of Candidate

Signature of research Supervisor

Signature of Joint Supervisor

Signature of Head of the Department

Signature of Dean(Research)

For Office Use Only

Checked and accepted

COE