

CHECK LIST WHILE SUBMITTING Ph.D. SYNOPSIS

- | | |
|--|---------------|
| 1. Proforma for submission of Synopsis | YES/NO |
| 2. 8 copies of the Synopsis as per the norms of GGS IP University Regulations | YES/NO |
| 3. Panel of Examiners (both Indian and Foreign) with complete and correct postal address including Phone No, Mobile No, Fax No (if available) and correct E-mail ID (typed only) in a closed cover | YES/NO |
| 4. Copy of the Provisional Confirmation order | YES/NO |
| 5. Xerox copy of the journal /conference/ approved patent of the Scholar | YES/NO |
| 6. Synopsis Keyword format (typed only) | YES/NO |
| 7. Copy of the fee challan and Progress report for all the semesters till the submission of Synopsis | YES/NO |
| 8. Whether Synopsis submitted within the time duration | YES/NO |
| 9. If no, Extension of time obtained. | YES/NO |
| 10. Copy of the Extension order enclosed, if applicable | YES/NO |
| 11. Contact Phone No, Mobile No and E-mail ID of the Supervisor | YES/NO |
| 12. Copy of the circulars for the seminar presentations | YES/NO |
| 13. Covering letter duly signed by the Supervisor and forwarded through the Dean/ Director of the Centre | YES/NO |

Checked and found correct

Signature of the Supervisor

Signature of the Dean



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
DWARKA CAMPUS SECT-16-C, DELHI-110 075.
Website: www.ipu.ac.in

PROFORMA FOR SUBMISSION OF SYNOPSIS

1. Details of the Research Scholar
 - (a) Name :
 - (b) Enrolment No. :
 - (c) E-mail ID :
 - (d) Contact Number :
 - (e) Designation :
 - (f) Name of USS/ :
2. Registration Details
 - (a) Category of registration : Full - Time/ Part - Time
 - (b) Date of provisional registration :
 - (c) Whether provisional registration confirmed? : Yes/No
3. Name of the USS/ARC/Institute where the research is conducted :
- 4.(a) Supervisor's Name Contact No. & Email ID :
(b) Joint Supervisor's Name (if any) Contact No. & Email ID :
- 5(a) Month and Year of Registration :
(b) Period of break of study granted, if any :
- 6 (a). Date of Confirmation :
(b). Date of completion of minimum period :
(c) Date of completion of maximum period :
(d) Extension of period approved (mention date):
(e) Date of submission of synopsis :

7. Annual Fee Payment Details:

Month and year								
Amount Paid								

8. Course Work Details:

Course Code	Course Title	Credits	Core Course / Elective/ Special Elective	Marks
Comprehensive Examination				Pass / Fail

9. Progress Report:

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

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

11. Publications Details:

Journal	Published
National	
International	

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

12. Whether synopsis submitted within the maximum duration : YES/NO
 If No, copy of the Extension order should be enclosed:

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

Signature of the Scholar

Signature of the Supervisor

Signature of the Joint Supervisor
(if applicable)

(Signature of the Dean with Seal)

(For Office use only)

Date of the Receipt in the DRC office :

Signature of the DRC with Date



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
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KEYWORD FOR SYNOPSIS SUBMISSION

Name of the Research Scholar :

Enrolment No. :

Name of the USS/ARC/Institute :

Name of the Supervisor :

Name of the Joint Supervisor (if applicable) :

Title of the thesis :

Broad area of research/ Key words
(Minimum five key words required) :

Signature of the Scholar

Signature of the Supervisor

Signature of the Joint Supervisor
(if applicable)

(Signature of the Dean with Seal)

----- Office Use Only -----

Date of the Receipt in the DRC office :

Signature of the DRC with Date