

SARVAJANIK UNIVERSITY

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SU/Ph.D./ Date: / /

Ph.D. Synopsis Submission Form

To, The Registrar Sarvajanik University Surat – 395001 Gujarat – India.

Subject: Submission of Ph.D. Synopsis

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Sir/Madam,	
	, hereby submit three (03) hard copies of the
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for the award of the degree of Doctor	of Philosophy in the Faculty of,
under the subject	·
1. Candidate Details - Name of Research Scholar:	
- Enrollment No.:	
- Mobile No.:	
- Email ID:	
- Department:	
- Faculty:	
2. Supervisor Details - Name of Supervisor:	
- Designation:	
- Department:	
- Email ID:	
- Mobile No.:	



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3. Co-Supervisor Details (if applicable) - Name: - Designation: - Department: - University Affiliation: 4. Ph.D. Registration Details - Date of Registration: - Title of Research Work: - Broad Area of Research: - Specialization (if any): - Mode of Study: ☐ Full-Time ☐ Part-Time **5. Coursework Completion** - Coursework Completed: ☐ Yes \square No - Date of Completion: - Credits Earned: - Grade/Percentage: **6. Synopsis Submission Information** - Title of Synopsis: _____ (*If different from the thesis title, please provide justification*) - Number of Pages: _____ Signature of Research Scholar: ______ Date: _____ * Ethical Committee Approval taken? ☐ Yes ☐ No _____ Date: ____

Not Required - Reason:



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7. Declaration by Supervisor

I hereby certify that the research scholar has satisfactorily completed the required research work and is eligible to submit the synopsis. The work is original and has not been submitted elsewhere for any degree.

Signature of Supervisor:
Date:
Seal & Signature of Head of Department:
Date:
Signature of FDC Chairman:
Date:
8. Forwarded through SU RC Convener: I recommend the submission of the Ph.D. synopsis.
Signature of SU RC Convener:
Date:
Seal:
9. Forwarding by Dean (Faculty) I recommend the submission of the Ph.D. synopsis.
Signature of Dean (Faculty):
Date:
Seal: