PhD/MS Synopsis Seminar

Student's Roll No : |___|___|___|___|___|___|___|___|___|

Student's Name : _____

Broad Area of Research : _____

_____

Quality of Work : Good / Need to do more work

Quality of Synopsis : Well written / Not up to the mark

Quality of Synopsis Presentation : Well presented / Not up to the mark

Date of Synopsis Seminar : |___|___|___|___|___|___|___|___| (dd-mm-yyyy)

Date of Submission of Synopsis : |___|___|___|___|___|___|___|___| (dd-mm-yyyy)

Title of the Thesis : _____

_____

_____

Final Seminar : Yes / No

Remarks : _____

_____

_____	_____
Signature of the Supervisor	Signature of the Co-Supervisor (if any)
_____	_____
Signature of DSC/DAC Member	Signature of DSC/DAC Member
_____	_____
Signature of DSC/DAC Member	Signature of DSC/DAC Member
_____	_____
Signature of DSC/DAC Member	Signature of DSC/DAC Member