



UNIVERSITY OF LORLAI

OFFICE OF THE DIRECTOR POSTGRADUATE STUDIES / ASRB

ACCESS

QUALITY

RELEVANCE

Synopsis Submission Proforma for P.hD

1 TITLE:

Name of Scholar			
Registration No.		Program of Study	
Date of Registration		Session	
Department/Center/Institute		Scholar Email	

2	Name	Designation	Signature	Stamp
Supervisor				
Co-Supervisor				
Affiliation of Supervisor			Supervisor Email	

3 SYNOPSIS PLAGIARISM TEST

	Name	Designation	Signature	Stamp
Departmental Focal Person				
Verified by <small>QEC</small>				
Plagiarism Percentage	Overall Percentage	Highest Individual Source		

4 PREFERENCE

<input type="checkbox"/>	Article Publication	<input type="checkbox"/>	Seminar Delivery
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5 REVIEWED BY DEPARTMENTAL COMMITTEE

	Name	Designation	Signature	Stamp
Chairman of DRC				
Member 1				
Member 2				
Remarks of DRC				

Scholar CGPA _____ Verified by Coordinator (Sign & Stamp)

6 FORWARDED BY

	Name	Signature	Stamp
Dean of Faculty			

7 TO BE FILLED BY OFFICE OF THE DIRECTOR POST GRADUATE STUDIES / ASRB

Decision of Advanced Studies and Research Board:

Date of AS&RB meeting _____ Meeting No. _____