



DIRECTORATE OF RESEARCH & CONSULTANCY
PROFORMA FOR REQUISITION OF CONDUCTING SYNOPSIS COMMITTEE MEETING

Name of the Scholar: Email ID:	Name of the Supervisor: Designation & Department: Email ID:
Date of Registration: Reg.No.:	Category of Registration: FT / PTI / PTE/ IS
Department:	Name of the HoD with Email id:
Requested meeting : Synopsis	Requested DC meeting Date and Time:
	Name of the Co Supervisor: Designation & Department: Email ID:

Topic of Research:

Details of DC Members

Chairman	Internal Member	External Member
Name:	Name:	Name:
Designation:	Designation:	Designation:
Department:	Department:	Department:
Email ID :	Email Id :	Email Id :
Contact Number:	Contact Number:	Contact Number:
Address:	Address:	Address:

Tuition Fees Details

Year	Date of Payment	Amount In Rs
First year		
Second year		
Third year		
Fourth year		
Fifth Year		
Sixth Year		

Information of Completed DC meetings & Comprehensive Viva

DC MEETINGS / COMPREHENSIVE VIVA	DATE
First DC	
Comprehensive viva	
Second DC	
Third DC	

DC meeting fee details

Date of Payment	Transaction ID	Amount in Rs

It should be verified with Accounts dept.

Signature of the Supervisor

Signature of the Coordinator

Signature of the HoD

Note:

1. Copy of DC meeting fee transaction receipt should be attached along with DC meeting form
2. The form should be submitted **at least one week before the scheduled date of meeting**
3. Progress Report of the scholar should be circulated among DC members by supervisor at least one week before the scheduled date of DC meeting

For office use only

Recommended / Not Recommended to conduct _____ DC meeting

Assoc. Dean Research

REGISTRAR