

THIRUVALLUVAR UNIVERSITY

Check list for Ph.D synopsis / thesis submission

Name of the student		
Subject		FT/PT:
Date of Registration		Reg.No.
Registration confirmation (completion of course work)	Received : Yes/No, (Enclose order copy)	
Minimum period (date)		
Maximum period (date)		
Date of submission of Synopsis		
Date of submission of Thesis		
Extension of time Valid upto, if any	Date : (Enclose order copy)	
Name & Address of Supervisor		
Date of retirement of Supervisor	(DD/MM/Year)	
DC meeting particulars :	Minutes submitted on (date)	
	1st DC :	6 th
	2 nd :	7 th
	3 rd :	8 th
	4 th :	9 th
	5 th :	10 th DC:
DC Meeting for synopsis / suitability certificate, conducted on	Date	Venue:
Fee paid to University, Year wise, • refer admission order • do not include the fee paid to the college	Date	Amount
	1	
	2	
	3	
	4	
	5	
	6	

Signature of the Candidate

Signature of the Guide
Name & Seal

Superintendent/Staff incharge
Centre for Research