ST. JOSEPH UNIVERSITY

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CENTRE FOR RESEARCH

Ph.D.	FT / PT
Reg. No.	

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I. Registration Details:

Name of the Scholar : Contact Phone Number: Email ID:		Address for Communication:	
Ph.D Registration Number			
Name of the Guide / Supervisor : Designation: Contact Phone Number: Email ID:		Name of the Co-Guide, if any: Designation: Contact Phone Number: Email ID:	
Category at the time of Registration	Full Time / Part TIme	Change of category, if any	
Month and Year of Registration		Date of completion of minimum Period	
Date of completion of maximum period		Extension of period approved (mention date)	Up to:
Date of DC meeting for approval of synopsis		Date of submission of synopsis	
Title of the Synopsis (in Block Letters) (please note that the title of synopsis and thesis should be the same)			

II. Half- Yearly Progress Report:

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III. Details of Synopsis feePaid:

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It is declared that the thesis will be submitted within three months of duration from the date of synopsis submission meeting, but without expiring maximum duration.

Signature of the Scholar

Signature of the Co-Guide (if applicable)
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Forwarded by

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