

**CENTRE FOR RESEARCH  
ANNA UNIVERSITY-CHENNAI, CHENNAI-600025**

<b>Ph.D.</b>	FT	PT
<b>M.S</b>	FT	PT

**Ph.D/M.S (By Research) PROGRAMME**

**PROFORMA FOR SUBMISSION OF THESIS**

***I. Registration Details:***

Name of the Scholar :		Registration No:	
Supervisor's Name :		Joint Supervisor's Name:	
Category at the time of Registration		Change of category if any	
Month and Year of Registration		Period of Break of Study granted if any	
Date of Confirmation		Date of Completion of Minimum Period	
Date of Completion of maximum period		Extension of Period Approved (Mention Date)	Upto:
Date of DC Meeting for approval of Synopsis		Date of Submission of Thesis	

***II. Whether Proof for Confirmation & Change of Category (if any) are enclosed:***

***III. Synopsis Fee Payment Details:***

<b>Amount (Rs.)</b>	<b>DD No.</b>	<b>DD Date</b>	<b>Bank Name</b>	<b>Branch</b>

***IV. Faculty (Attach Copy of UG & PG Degree Certificates :***

***V. Whether No Dues Certificate is enclosed :***

**The above information's furnished are true and correct to the best of my knowledge.**

**Signature of Research Scholar**

**Signature of the Supervisor**  
(with name and seal)

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(For Office use only)  
Checked and Accepted

**Assistant Registrar**

**Superintendent**

**Dealing Hand**