**NO OBJECTION CERTIFICATE**

  Date:

From

To

The Registrar

Annamalai University

Annamalainagar

Sir,

Sub: No Objection Certificate from the employer to register for Ph.D. Programme under Part time - External mode at Annamalai University – Reg.

This is to certify that Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been working as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on regular basis from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in our Organization / Institution / Industry and that he/she is interested in pursuing Ph.D. Degree Programme at Annamalai University under Part-time mode.

We do not have any objection to him/her pursuing Ph.D. Degree
Programme under Part-time mode at Annamalai University. The Organization is willing to depute the employee to Annamalai University as and when he/she undertakes course work and other related research work.

 Signature and Seal of the

 Authority Concerned



**ANNAMALAI UNIVERSITY**

(To be filled by co-supervisor (applicable for Part-time and Interdisciplinary research)

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Applicant |   |
| 2. | Name of the Co-supervisor |   |
| 3. | Date of Birth & Age |   |
| 4. | Designation & Place of Work |   |
| 5. | Contact Address with Phone/Mobilee-mail: |    |
| 6. | Qualifications |
| Name of Degree | Specialization(major) | College and University | Month & Year of Passing & Class |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| 7. | Title of the Ph.D. thesis |  |
| 8. | No. of research papers published in accredited/ indexed journals (enclose full list) |   |
| 9. | No. of books published / invited chapters contributed (enclose list) |   |
| 10. | Total research experience (enclose details) | Years: Months: |
| 11. | Positions held: |
| Name of Institution | From | To |
|   |   |   |
|   |   |   |
| 12. | Subject / Discipline in which propose to guide the Ph.D. Scholar |   |
| 13. | Whether already recognized as Ph.D. supervisor by any other institution, if so, give details. |  |
| 14. | Total No. of candidates registered at present under you as co-supervisor at Annamalai University. |  |

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**REQUEST FOR EXTENSION OF TIME**

|  |  |  |
| --- | --- | --- |
| Name of the Scholar  | : |  |
| Roll No.  | : |  |
| Programme  | : | Ph.D. |
| Category of Registration  | : | Full-Time / Part-Time |
| Faculty  | : |  |
| Mobile No.  | : |  |
| Email id  | : |  |
| Date of Registration of the Programme  | : |  |
| Supervisor Name & Address  | : |  |
|  |  |  |
| Co-Supervisor Name & Address(if applicable) | : |  |

Reason for Extension of time:

Synopsis Submitted : Yes / No

Extension of time : 1 year / months\* from … to …..

|  |  |
| --- | --- |
|  | **Signature of the Scholar** |
| Recommendations of the Committee: |  |
| **Signature of the Co-Supervisor**(Name with Seal) (if applicable) | **Signature of the Supervisor**(Name with Seal) |
| **Signature of theHead of the Department**(Name with Seal) | **Signature of the Dean**(Name with Seal) |

Date :

Place :

|  |  |  |
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**MINUTES OF THE FIRST RESEARCH ADVISORY COMMITTEE MEETING**

The Research Advisory Committee Meeting of the Ph.D. Scholar,
Mr./Ms. (Roll No. ) was held on at 11 a.m.in the Department of Botany.

The following members were present.

|  |  |  |
| --- | --- | --- |
|  |  | (Supervisor & Convener) |
|  |  | (Co-Supervisor, if applicable) |
|  |  | Head of the Department |
|  |  | (Member) |
|  |  | (Member) |

Mr./Ms. presented an overview of the proposed research work. The Research Advisory Committee approved the research topic as “......................................................................”. The Committee has recommended the scholar to undertake the following course work examinations based on the qualification of the candidate and the proposed research area.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Code** | **Course Title** | **Credits** | **Core Course/ Elective/ Special Elective** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Number of course works as applicable to the scholars

|  |  |
| --- | --- |
| **Member**(Signature with Name and Date) | **Member**(Signature with Name and Date) |
| **Co-Supervisor**(Signature with Name, Date and Seal) (if applicable) | **Supervisor**(Signature with Name, Date and Seal) |
| **Signature of Head of the Department**(Name with Seal) |
| Date :Place : |

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**MINUTES OF THE RESEARCH ADVISORY COMMITTEE MEETING FOR CONFIRMATION OF PROVISIONAL REGISTRATION**

 The Research Advisory Committee Meeting of the Ph.D. Scholar, Ms. Janani. A (Roll.No. Ph.D./191XXYY001/Part-Time) was held on at a.m./p.m. in the Department of History. The following members were present:

|  |  |
| --- | --- |
| Dr. Baskaran R | (Supervisor & Convener) |
| Dr. Kandasamy K | Co-Supervisor, if applicable |
| Dr. Abirami S | (Member) |
| Dr. Dhavachelvan P | (Member) |
| Dr. Jagadeesan R | Head of the Department |

 Mr./Ms. Janani. A has successfully completed the following course work examinations recommended by the Research Advisory Committee. He/She has obtained the following grades in the course work.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Course Code** | **Course Title** | **Credits** | **Category** | **Grade / Marks** |
| 1. |  |  |  | Core |  |
| 2. |  |  |  | Core |  |
| 3. |  |  |  | Elective |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
|  | **CGPA** |  |
| Comprehensive Examination: Pass / Fail \* |

**CoE signed result sheet of the course work duly attested by the Supervisor with seal should be enclosed along with this.**

The scholar completed the first seminar presentation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_to the faculty members and research scholars. The attendees list is enclosed herewith. The committee also evaluated the research work carried out by the scholar and satisfied/not satisfied with the performance of the scholar. Hence, the Committee recommends/does not recommend the confirmation of provisional registration of the scholar in the Faculty of Arts (Department of History), and permits/does not permit the scholar to proceed with his/her research work.

|  |  |
| --- | --- |
| **Member**(Signature with Name and Date) | **Member**(Signature with Name and Date) |
| **Co-Supervisor**(Signature with Name, Date and Seal)(if applicable) | **Supervisor**(Signature with Name, Date and Seal) |
| **Head of the Department**(Signature with Name, Date and Seal) |

Date :

Place :

\* Strike off whichever is not applicable

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**CHECKLIST FOR THE CONFIRMATION OF Ph.D. REGISTRATION**

|  |  |  |
| --- | --- | --- |
| 1. | Research Advisory Committee meeting **Minutes and Research Performance Assessment** signed by all the RAC members | **YES/NO** |
| 2. | No. of Courses attended .........(not applicable for M.Phil. scholars) | **YES/NO** |
| 3. | Photocopy of mark sheets of the course works signed by COE attested by the Supervisor | **YES/NO** |
| 4. | Original copy of the certificate for the seminar presentation | **YES/NO** |
| 5. | Attendance particulars for the seminar presentation (Applicable to all scholars irrespective of year of registration) | **YES/NO** |
| 6. | Comprehensive examination result mentioned in the RAC minutes | **YES/NO** |
| 7. | Approval of Research Advisory Committee members for change of course work/ course code/course title | **YES/NO** |
| 8. | For scholars with M.Phil. qualification, attested copy of M.Phil. degree certificateMode of completion of M.Phil. degree: Full-time/Part-time/Distance mode | **YES/NO** |
| 9. | Faculty for confirmation is same as that of Provisional Registration | **YES/NO** |

 **Checked and found Correct**

|  |  |
| --- | --- |
| **Co-Supervisor**(Signature with Name, Date and Seal)(if applicable) | **Supervisor**(Signature with Name, Date and Seal) |
| **Head of the Department**(Signature with Name, Date and Seal) |

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**Research Progress Report**

(To be submitted every six months from date of Registration)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name and Roll No. of the Scholar | : |  |
| 2. | Programme | : | Ph.D. FT/PT (Internal /External) |
| 3. | Title of research work  | : |  |
| 4. | Date of previous RAC meeting | : |  |
| 5. | Brief report of the research work carried out between previous and present RAC meetings. Mention the objectives completed: |
| 6. | List research paper published/accepted for publication/communicated for publication / patents (National /International) filed / approved: |
| 7. | National / International Conference/Symposia attended (Give details such as Name of the Conference, venue, title, period): |
| 8. | Overall assessment and comments about the progress of the research scholar: |
| **Member**(Signature with Name and Date) | **Member**(Signature with Name and Date) |
| **Co-Supervisor**(Signature with Name, Date and Seal)(if applicable) | **Supervisor**(Signature with Name, Date and Seal) |
| **Head of the Department**(Signature with Name, Date and Seal) |

**Note:** Research Performance Assessment restricted to maximum 2 pages should be submitted along with the minutes of RAC meeting duly signed by RAC members.

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**MINUTES OF THE RESEARCH ADVISORY COMMITTEE MEETING FOR SUBMISSION OF SYNOPSIS**

The Research Advisory Committee Meeting of the Ph.D. Scholar,
Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Roll No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) was held on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at a.m./p.m. in the Department of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The following members were present.

|  |  |  |
| --- | --- | --- |
|  |  | (Supervisor & Convener) |
|  |  | (Co-Supervisor, if applicable) |
|  |  | Head of the Department |
|  |  | (Member) |
|  |  | (Member) |

The Research Advisory Committee critically reviewed the research work entitled “…….................................................................” carried out by Mr./Ms. and the contents of the draft Synopsis. The scholar completed the pre-synopsis presentation on ……… to the faculty members and research scholars. The attendees list is enclosed herewith. The scholar has ..... publications in the journals (SCI/UGC listed) from his/her research work.

The scholar has the following publications in the listed journals.

1. .......................................... (Accepted/Published)
2. .......................................... (Accepted/Published)

It is also certified that the Paper/Papers mentioned above are within the scope of the Journal and the paper/papers is/are relevant to the Ph.D. work carried out by the scholar.

The Committee is satisfied with the research performance of the scholar, the quality and quantum of research work and approves the Synopsis submission. The Committee also recommends the panel of Indian and Foreign Examiners for the evaluation of the Thesis.

|  |  |
| --- | --- |
| **Member**(Signature with Name and Date) | **Member**(Signature with Name and Date) |
| **Co-Supervisor**(Signature with Name, Date and Seal)(if applicable) | **Supervisor**(Signature with Name, Date and Seal) |

|  |
| --- |
| **Head of the Department**(Signature with Name, Date and Seal) |
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**CERTIFICATE FOR SUBMISSION OF SYNOPSIS**

**AFTER COMPLETION OF MINIMUM DURATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of the Research Scholar | : |  |
|  | Roll No. | : |  |
|  | Date of Provisional Registration& Confirmation | : |  |
|  | Faculty & Department | : |  |
|  | Category of Registration | : | Full-Time / Part-Time |
|  | Date of RAC meeting for synopsis submission | : |  |
|  | Break of study availed (if any) mention the period | : |  |
| 8. | Duration of research period from the date of submission of synopsis excluding the break of study period | : |  Year Month |
| 9. | Synopsis submitted within the minimum duration | : | Yes / No |
| 10. | If Yes, whether the scholar has two publications as per the Annamalai University norms | : | Yes / No |

|  |  |
| --- | --- |
| **Co-Supervisor**(Signature with Name, Date and Seal)(if applicable) | **Supervisor**(Signature with Name, Date and Seal) |
| **Head of the Department**(Signature with Name, Date and Seal) |

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**PRE-SYNOPSIS SEMINAR PRESENTATION**

List of attendees for the Pre-Synopsis seminar Presentation of
**Mr. K. RATNAVELU, Department of Computer Science & Engineering,** held on 15.03.2021 at 10.00 a.m. in the Seminar Hall, Department of Electronics and Communication Engineering, Annamalai University, Annamalainagar – 608 002.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No.** | **Name** | **Designation & Address** | **Signature** |
| 1. | Dr. P. Aruna,RAC Member. | Professor and Head,Department of CS & E |  |
| 2. | Dr. S. Pasupathy,Supervisor. | Associate Professor,Department of CS & E |  |
| 3. | Dr. M. Balasubramanian,RAC Member. | Associate Professor,Department of CS & E |  |
| 4. | Dr. V. Srinivasan,RAC Member. | Professor,Department of Information Technology  |  |
| 5.... |  |  |  |
| 24. |  |  |  |
| 25. |  |  |  |
| **Member**(Signature with Name and Date) | **Member**(Signature with Name and Date) |
| **Co-Supervisor**(Signature with Name, Date and Seal)(if applicable) | **Supervisor**(Signature with Name, Date and Seal) |
| **Head of the Department**(Signature with Name, Date and Seal) |

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**PROFORMA FOR SUBMISSION OF SYNOPSIS**

1. Registration Details:

|  |  |
| --- | --- |
| Name of the Scholar:Contact No.:Email ID: | Roll No.: |
| Name of the Supervisor:Contact No.:Email ID: | Name of the Co-Supervisor:Contact No.:Email ID: |
| 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 |  |
| Faculty and Department as per the Provisional Registration Order |  |
| Date of completion of maximum period |  | Extension of period approved (mention date) | upto: |
| Date of Research Advisory Committee meeting for approval of Synopsis |  | Date of submission of Synopsis |  |

1. Semester Fee Payment Details:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month and Year |  |  |  |  |  |  |  |  |
| Amount Paid |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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1. Course Work Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Code** | **Course Title** | **Credits** | **Core Course/Elective/Special Elective** | **Grade/Marks** |
|  |  |  |  |  |
|  |  |  |  |  |
| **CGPA** |  |
| **Comprehensive Examination** | Pass/Fail |

1. Progress Report:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Period** | **Jan-Jun** | **Jul-Dec** | **Jan-Jun** | **Jul-Dec** | **Jan-Jun** | **Jul-Dec** | **Jan-Jun** | **Jul-Dec** |
| Date of Submission |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. Proof for Confirmation & Change of Category (if any) :
2. Proof for the Seminar Presentations (attach the Circular copies) :
3. Publication Details:

|  |  |
| --- | --- |
| **Journal** | **Published** |
| National |  |
| International |  |

Enclose photo copy of the papers published.

1. Details of Synopsis Fee:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Amount (Rs.)** | **D.D. No.** | **D.D. Date** | **Name of the Bank** | **Branch** |
|  |  |  |  |  |

1. Whether Synopsis submitted within the maximum duration: **YES/NO**

If No, copy of the Extension order should be enclosed:

Certify that the information furnished above is true and correct to the best of my knowledge.

**Signature of the
Research Scholar**

|  |  |  |
| --- | --- | --- |
| **Signature of the Co-Supervisor** | **Signature of the Supervisor** | **Signature of the Head of the Department** |
| (Name with Seal)(if applicable) | (Name with Seal) | (Name and Seal) |

(for Office use only) Checked and Accepted

**Dealing Hand**

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**CHECKLIST WHILE SUBMITTING Ph.D. SYNOPSIS**

|  |  |  |
| --- | --- | --- |
| 1. | Proforma for submission of Synopsis | **YES/NO** |
| 2. | Whether change of Supervisor is approveda.) if yes, attach a copy of the letterb.) Whether the scholar has completed a minimum of one year with the  new Supervisor | **YES/NO** |
| 3. | One copy of the Synopsis with soft copy as per Annamalai University Regulations | **YES/NO** |
| 4. | Original Minutes of the Research Advisory Committee signed by all the members | **YES/NO** |
| 5. | Panel of Examiners (both Indian and Foreign) **with complete and correct postal address** including Phone No, Mobile No, Fax No and correct Official E-mail ID (**typed only**)in a closed cover | **YES/NO** |
| 6. | Recent publications list of all Foreign and Indian examiners in the last 5 years in a closed cover | **YES/NO** |
| 7. | The panel of Foreign Examiners should not be of Indian origin | **YES/NO** |
| 8. | Photocopy of the Provisional Registration Confirmation order | **YES/NO** |
| 9. | Photocopies of UG and PG Degree Certificates attested by HOD | **YES/NO** |
| 10. | Synopsis fee of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_ may be paid in the University Cash Counter / Bank. | **YES/NO** |
| 11. | Photo copy of the Journal publications | **YES/NO** |
| 12. | Photo Copy of the fee challan for all the years till the submission of Synopsis | **YES/NO** |
| 13. | Certificate for submission of synopsis after the completion of minimum duration | **YES/NO** |
| 14. | a.) Whether the Synopsis is submitted within the maximum durationb.) If No, enclosed copy of the Extension order | **YES/NO** |
| 15. | Photo Copy of the circular for the pre-synopsis presentation | **YES/NO** |
| 16. | Attendance particulars for the pre-synopsis presentation(Applicable to all scholars irrespective of year of registration) | **YES/NO** |
| 17. | Report from “URKUND” Software attached for all Published / accepted Papers listed in Synopsis  | **YES/NO** |

|  |  |  |
| --- | --- | --- |
| **Signature of the Co-Supervisor**(if applicable) | **Checked and found CorrectSignature of the Supervisor** | **Signature of the Head of the Department** |

**PANEL OF INDIAN EXAMINERS / FOREIGN EXAMINERS FOR**

**Ph.D. THESIS EVALUATION**

|  |  |  |
| --- | --- | --- |
| Name and Roll No. of the Scholar | **:** |  |
| Programme | **:** | Ph.D. FT/PT (Internal / External) |
| Title of the Thesis | **:** |  |
| Faculty& Dept. as per PG Qualification | **:** |  |
| Name of the Supervisor | **:** |  |
| Name of the Co-Supervisor (if applicable) | **:** |  |

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Name with full postal address with Pin code** | **Name with full postal address with Zip code** |
| **PANEL OF INDIAN EXAMINERS (Preferably from IITs, NITs, Universities and Government Institutions)** **(Not less than Associate Professor)** | **PANEL OF FOREIGN EXAMINERS**  |
| 1. | Name :Designation :Department :Address : Mobile : Official E-mail: | Name :Designation :Department :Address : Mobile : Official E-mail: |
| 2. | Name :Designation :Department :Address : Mobile : Official E-mail: | Name :Designation :Department :Address : Mobile : Official E-mail: |
| 3. | Name :Designation :Department :Address : Mobile : Official E-mail: | Name :Designation :Department :Address : Mobile : Official E-mail: |
| 4. | Name :Designation :Department :Address : Mobile : Official E-mail: | Name :Designation :Department :Address : Mobile : Official E-mail: |
| 5. | Name :Designation :Department :Address : Mobile : Official E-mail: | Name :Designation :Department :Address : Mobile : Official E-mail: |

**Note:** For each expert, the list of publications in reputed Journals indexed with Scopus/Web of Science/Thomson Reuters/ISI with impact factor during the last five years to be enclosed.

|  |  |
| --- | --- |
|  | **Supervisor**(Signature with Name, Date and Seal) |
|  | **Head of the Department**(Signature with Name, Date and Seal) |
|  | **Dean**(Signature with Name, Date and Seal) |

**PROFORMA FOR SUBMISSION OF Ph.D. THESIS**

**I. Registration Details:**

|  |  |
| --- | --- |
| Name of the Scholar:Contact No:Email ID: | Roll No: |
| Name of the Supervisor:Contact No :Email ID : | Name of the Co-Supervisor:Contact No :Email ID : |
| 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 RAC meeting forApproval of synopsis |  | Date of submission of thesis |  |

**II.** Extension of time for thesis submission beyond **3 months** after the submission of synopsis (if any):

Late fee details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Amount (Rs.)** | **D.D. No.** | **D.D. Date** | **Name of the bank** | **Branch** |
|  |  |  |  |  |

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

Certified that the information furnished above is true and correct to the best of my knowledge.

**Signature of the Scholar**

|  |  |
| --- | --- |
| **Co-Supervisor**(Signature with Name, Date and Seal)(if applicable) | **Supervisor**(Signature with Name, Date and Seal) |
| **Head of the Department**(Signature with Name, Date and Seal) |

(For Office use only) Checked and Accepted

**Dealing Hand**

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**CHECK LIST WHILE SUBMITTING Ph.D. THESIS**

|  |  |  |
| --- | --- | --- |
| 1. | Five Copies of the Thesis (with soft copy of the Thesis in PDF format with each copy) prepared as per the guidelines of Annamalai University | **YES/NO** |
| 2. | (a) Whether the thesis is submitted within the maximum duration | **YES/NO** |
|  | (b) if no, enclose copy of the extension order | **YES/NO** |
| 3. | Whether the thesis is submitted within three months from the synopsis meeting | **YES/NO** |
| 4. | Proforma for submission of thesis | **YES/NO** |
| 5. | No dues certificate (original) | **YES/NO** |
| 6. | Checked for language and grammar | **YES/NO** |
| 7. | Report from “URKUND” software attached | **YES/NO** |
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**Synopsis and Thesis titles are the same.**

 **Checked and found correct**

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**(To be submitted along with Thesis to
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| Programme | **:** | Ph.D. FT/PT (Internal / External) |
| Roll No | **:** |  |
| Department and Faculty | **:** |  |
| Month & Year of Submission of Thesis | **:** |  |
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**Declaration**

I hereby declare that in the event of any due from me found at a later date, I shall pay the same to the Institution.

**Signature of the Scholar**

|  |  |
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**MINUTES OF THE RESEARCH ADVISORY COMMITTEE MEETING FOR RESUBMISSION OF THESIS**

The Research Advisory Committee Meeting of the Ph.D. Scholar,
Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Roll No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) was held on\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_ a.m./p.m. in the Department. of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The following members were present:

|  |  |  |
| --- | --- | --- |
|  |  | (Supervisor & Convener) |
|  |  | (Co-Supervisor, if applicable) |
|  |  | Head of the Department |
|  |  | (Member) |
|  |  | (Member) |

The Comments given by the examiners have been reviewed by the Research Advisory Committee, and the committee certifies that the corrections were carried out by the scholar as suggested by the examiner(s).

He/She is permitted to resubmit the thesis.

Title of the Thesis “ ”.

|  |  |
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| **Co-Supervisor**(Signature with Name, Date and Seal)(if applicable) | **Supervisor**(Signature with Name, Date and Seal) |
| **Head of the Department**(Signature with Name, Date and Seal) |

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**Ph.D. Public Viva-Voce Examination**

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| --- | --- | --- |
| Name of the Scholar | : |  |
| Roll Number | : |  |
| Category of Registration | : | Full-time/Part-time (Internal/External) |
| Faculty & Department | : |  |
| Title of the Thesis | : |  |
| Date and Time of Viva-voce Examination | : |  |
| Venue | : |  |
| Name and address of the Supervisor  | : |  |
| Name and address of the Indian Examiner | : |  |

**All are cordially invited**

|  |  |
| --- | --- |
| **Supervisor**(Signature with Name, Date and Seal) | **Head of the Department**(Signature with Name, Date and Seal) |

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9. P.S to Vice-Chancellor.
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