

**INDIAN INSTITUTE OF TECHNOLOGY DELHI**

Academic &amp; Examination Section (PGS)

## Thesis Synopsis Submission and Appointment of the Examiners

Name of the Candidate \_\_\_\_\_ Status FT/PT \_\_\_\_\_

Registration No. \_\_\_\_\_ Deptt/Centre \_\_\_\_\_

Date of Registration \_\_\_\_\_

Title of the Thesis:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor(s) 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

With address \_\_\_\_\_

Employee Code \_\_\_\_\_

- a) I/We certify that the list of examiners enclosed are actively engaged in the field of work of the thesis and are eligible as per BPGS norms.
- b) The Candidate had delivered the pre-Ph. D. seminar on \_\_\_\_\_ (date). His/Her work has reached the standard that he/she can submit the Ph. D Thesis.

Two hard copies of the synopsis are enclosed. The Soft copy of the synopsis may be sent to Asstt. Registrar (PGS&R) to e-mail ID <pg\_eval@admin.iitd.ac.in>

Signatures of Supervisors(s) :

(1) \_\_\_\_\_ E-mail \_\_\_\_\_

(2) \_\_\_\_\_ E-mail \_\_\_\_\_

(3) \_\_\_\_\_ E-mail \_\_\_\_\_

Date: \_\_\_\_\_

**Recommendation of the DRC/CRC**

Synopsis and panel of examiners approved as per the enclosed copy of the minutes of the DRC/CRC meeting.

Signature of Chairperson, DRC/CRC \_\_\_\_\_

Date : \_\_\_\_\_

Encl.: 2 hard Copies of the Synopsis. Soft copy of the Synopsis has been mailed separately.

To : AR (PGS &amp; R)

**(For the use of PG Section only)**

The particulars of the candidate have been verified.

He / She has obtained CGPA \_\_\_\_\_ and has earned \_\_\_\_\_ Credits in the course work.

Submitted to the Dean, PGS&amp;R for the Appointment of Examiners

AR (PGS &amp; R)

Suptd. (PGS&amp;R)

**Dean (PGS & R)**

A. PROPOSED EXAMINERS FROM ABROAD		For Office Use
1	Name	
	Designation	
	Complete Address (include ZIP & Country Name)	
	E-mail	
	Phone (include country & City Code)	
	Fax (include Country & City Code)	
	Area of Specialization	
2	Name	
	Designation	
	Complete Address (include ZIP & Country Name)	
	E-mail	
	Phone (include country & City Code)	
	Fax (include Country & City Code)	
	Area of Specialization	
3	Name	
	Designation	
	Complete Address (include ZIP & Country Name)	
	E-mail	
	Phone (include country & City Code)	
	Fax (include Country & city) Code)	
	Area of Specialization	
4	Name	
	Designation	
	Complete Address (include ZIP & Country Name)	
	E-mail	
	Phone (include country & City Code)	
	Fax (include Country & city) Code)	
	Area of Specialization	

Supervisor's Signature(s)

DRC/CRC Chairperson's Signature

B. PROPOSED EXAMINERS FROM INDIA			For Office Use
1	Name		
	Designation		
	Complete Address (include PINCODE)		
	E-mail		
	Phone (include City Code)		
	Fax (include City Code)		
	Area of Specialization		
2	Name		
	Designation		
	Complete Address (include PINCODE)		
	E-mail		
	Phone (include City Code)		
	Fax (include City Code)		
	Area of Specialization		
3	Name		
	Designation		
	Complete Address (include PINCODE)		
	E-mail		
	Phone (include City Code)		
	Fax (include City Code)		
	Area of Specialization		
4	Name		
	Designation		
	Complete Address (include PINCODE)		
	E-mail		
	Phone (include City Code)		
	Fax (include City Code)		
	Area of Specialization		

Supervisor's Signature(s)

DRC/CRC Chairperson's Signature