



ACADEMIC OFFICE
NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620 015

MINUTES OF THE Ph.D. SYNOPSIS MEETING

Name of the Scholar	
Roll Number	
Department	
Date of Registration	
Type of Registration	Full Time (Institute Scholarship / Project / Non-Stipendiary / Other fellowship / QIP) Part Time (On Campus / External / Staff) Others (Specify)
Date of Comprehensive Viva-voce	
Title of the Thesis	
Minimum Stipulated period completed	Yes ☐ No ☐

Summary of synopsis meeting

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Name and Signature of the members with date

External Member
Member

Internal Member

Allied Dept.

Research Guide

Chairperson (DC)

Associate Dean (MS/Ph.D.)

Enclosures: i) soft copy of Synopsis ii) Form-5 iii) Form-6 iv) Form-7 and other relevant documents

Note: please check necessary publications as per the PhD Regulation. Publications in paid journals and journals publishing the conference proceedings shall not be considered. DC must ensure this during the synopsis meeting.