



INDIAN INSTITUTE OF PETROLEUM AND ENERGY

Visakhapatnam

FORM FOR SYNOPSIS DATE APPROVAL

1.	Name of Scholar								
2.	Roll No.		Date of Ph.D. Admission			DD/MM/YYYY			
3.	Registration Type of the Scholar (Put \surd Mark)	Full-Time		Part-Time		External			
4.	Department				Branch (if any)				
5.	Title of the Thesis								
6.	Total Credits	Assigned		Completed					
7.	The draft copy of the thesis is ready (Put \surd Mark)	Yes		No					
8.	Proposed date of Synopsis								

9. Details of Research Papers published/Accepted in **SCI Journals** by the scholar as first/corresponding author based on thesis work: **(Attach a copy of the first page of papers)**

Sl. No	Name of Authors	Title	Name of Journal	Name of Publisher	Published/ Accepted	Year of publication	Volume No./Page No.	SCI indexed (YES/NO)	ISSN No.	DOI No.

I confirm that I have fulfilled the minimum requirement for Ph.D. Synopsis Seminar, as per Ph.D. Manual. My research work has been completed and the draft thesis of _____ pages is ready and has been submitted to my thesis supervisor. I shall submit my final thesis by _____ (Specify earliest possible date).

Signature of Scholar

Signature of Supervisor(s)

Date: _____

Office Use

Library

Verified Publications (As per PhD Manual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observations, if any		

Signature of the Librarian

For Office Use only

Application submitted with all required documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verified Course Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observations, if any		

Dealing Assistant

Approved / Not Approved

DOAA