



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 √ 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 √ 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: _____

DSC Members

DSC Chairman

Office Use

Library

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

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