

**Examination Report of Ph D Thesis Synopsis**

Student Name :

Student ID :

Synopsis Title :

Date of Examination :

Date of Report :

**Decision of the Committee** *< please check one of the followings>*

1. Unconditional Approval of the Synopsis [ ]
2. Conditional approval based on the requirement that the Synopsis be revised as per the attached Evaluation Report [ ]

(Approval of the revised Synopsis is to be given by the Thesis supervisor / Synopsis Committee).

1. That the Synopsis be not approved [ ]

(Major revision of the Synopsis followed by re-examination is required).

**Detail Report** *< please attach “****Evaluation Report of Ph D Thesis Synopsis****”>*

**Ph D Synopsis Committee**

Chairman:

Member 1:

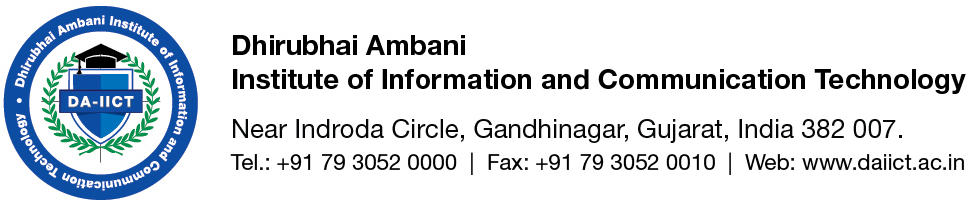
Member 2:

Member 3:

Member 4:

Thesis supervisor:

Thesis Co-supervisor (If any):



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**<Write detail Report>**

**Ph D Synopsis Committee**

Chairman: Signature:

Member 1: Signature:

Member 2: Signature:

Member 3: Signature:

Member 4: Signature:

Thesis supervisor: Signature:

Thesis Co-supervisor (If any): Signature: