



INDIAN INSTITUTE OF TECHNOLOGY BOMBAY

Name of Academic Unit : _____

SUBMISSION OF PH.D. SYNOPSIS AND THESIS

Note : Please refer to the Guidelines for preparation of synopsis and thesis which are available on the Academic home page at IITB website
<<http://www.iitb.ac.in/newacadhome/rules.jsp>>

To be filled in by the Student

NAME (in Hindi) :	ROLL NO: _____
NAME (in English) :	DATE OF JOINING: _____
CATEGORY (eg. TA/RA/CSIR/UGC/SF/CT...): _____	DATE OF CONFIRMATION : _____
NAME OF SUPERVISOR(s): 1. Prof. _____ 2. Prof. _____	NAME OF CO-SUPERVISOR(s) : 1. Prof. _____ 2. Prof. _____
NAME OF EXTERNAL SUPERVISOR: _____	
DATE OF PRESYNOPSIS PRESENTATION : _____	DATE OF SUBMISSION OF SYNOPSIS and THESIS (in the dept.): _____
(Note : Please write in legible letters. The title written here will be taken for printing on Degree Certificate) TITLE OF SYNOPSIS & THESIS :	
My address for communication (till the date of defence) is :	Phone no. / Mobile no.: _____
	Email : _____
(I undertake to intimate Academic office of any change of address/contact nos./email)	Email : _____

CERTIFICATES TO BE COMPLETED BY THE STUDENT / SUPERVISOR (s)

No.	Certificates	Signatures with date
1.	<p>(To be completed by the student)</p> <p>(i) I have emailed a soft copy of the synopsis and Thesis to the Academic Office with copy to Research Supervisor(s) and Head of the Department.</p> <p>(ii) Also submitted Two hard copies of the thesis, as prepared in accordance with the norms of Ph.D. Thesis of IIT Bombay, along with the following :</p> <p>(a) clearance certificates from Accounts Section and Hostel Co-ordinating Unit/Warden of Hostel.</p> <p>(b) copy of the Report of my Pre-synopsis presentation.</p> <p>(c) a self attested copy of my last qualifying Degree Certificate</p> <p><i>(The soft copies of Synopsis & Thesis should be mailed to Assistant Registrar at <aracad2@iitb.ac.in> and to the concerned dealing assistant in Academic office.)</i></p>	<p>Signature of Student:</p> <p>_____</p> <p>Date : _____</p>

<p>2. (To be completed jointly by the Student and Research Supervisor(s)) Certified that the student with details as above, in Certificate No.1 has carried out the research work detailed in the Ph.D. Synopsis and Thesis being submitted, during the period _____ to _____. (Date of registration) (Date of submission)</p> <p>Further certified that: 1) <i>There is a prima facie case for consideration of the thesis.</i> 2) <i>To the best of our knowledge the thesis does not include any work which has at any time previously, been submitted for the award of a degree except to the extent of point 3 below.</i> 3) <i>The section(s) (if any) of the Thesis which relate to collaborative work (mention briefly, or state that there are none) :</i> _____</p> <p>It is recommended that, (Please (✓) tick any one of the options below)</p> <p>1. <i>The thesis evaluation be processed immediately.</i></p> <p>2. <i>The processing of the thesis evaluation be taken up after a communication from the Supervisor or SIX months, whichever is earlier, as a Patent is being/has been filed and there is a need to maintain the confidentiality of proprietary information.</i></p> <p>3. <i>The thesis be sent for evaluation after the Non-Disclosure Agreement (NDA) has been signed by the examiner and there is a need to maintain the confidentiality of proprietary information (the student has been informed that obtaining NDA from prospective examiners may delay the thesis evaluation). (The format of the NDA is available at <http://asc.iitb.ac.in/acadmenu/index.jsp> under downloadable forms for faculty.)</i></p>	<p>Signature of Student: _____</p> <p>Signature of Supervisor(s): 1. _____ 2. _____</p> <p>Signature of Co-supervisor(s): 1. _____ 2. _____</p> <p>Date : _____</p>
<p>3. (To be completed by the Research Supervisor(s)) Recommended that the Academic office is authorized to receive copies of the thesis submitted by the student Mr./Ms. _____.</p> <p>Signature of Supervisor(s): 1. _____ 2. _____</p> <p>Signature of Co-Supervisor(s) : 1. _____ 2. _____</p>	
<p>4. (To be completed by the Convener, PGC of the Dept./Centre/School) Certified that the student has presented the results of his / her investigations to a panel, constituted for the purpose, during the Pre-synopsis Seminar Examination conducted on : _____. (date)</p>	<p>Signature and stamp of Convener, PGC: _____</p> <p>Date : _____</p>
<p>5. (To be completed by the Office of the Academic unit) Two copies of the thesis as certified above, have been submitted by the student to this office along with the attachments (as in 1 above) on (date) : _____.</p>	<p>Name of Office staff : _____</p> <p>Signature : _____</p> <p>Date : _____</p>
<p>6. (To be completed by Academic Section) The copies of thesis have been received on : _____. (date)</p> <p>Certified that Mr. / Ms. _____, Roll No. _____, Department of _____, _____ , has been prescribed _____ Course Credits and that he / she has completed the prescribed credit requirements.</p>	<p>Name of Dealing Assistant: _____</p> <p>Signature : _____</p> <p>Asstt./Dy. Registrar (Academic) Signature : _____</p> <p>Date : _____</p>
<p>7. (To be completed by the Convener, PGAPEC) The thesis submitted by the student may be accepted by the Academic Section for evaluation by external examiners.</p>	<p>Convener, PGAPEC: Signature : _____</p> <p>Date : _____</p>



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Name of Academic Unit : _____

Panel of Examiners for Ph.D. Thesis

NAME :	ROLL NO:
NAME OF SUPERVISOR(s):	NAME OF CO-SUPERVISOR(s) :
1. Prof. _____	1. Prof. _____
2. Prof. _____	2. Prof. _____
TITLE OF THESIS :	
<p>Note to Συπερϋπισορ [Πλεασε (√) tick appropriate option] (Please refer to PhD Rule 9) :</p> <p><input type="checkbox"/> SCHEME A : Please provide EIGHT names of potential examiners (at least FOUR names from India)</p> <p><input type="checkbox"/> SCHEME B* : Please provide FOUR names of examiners (at least TWO names from India), if these examiners have been contacted* and have agreed to review the thesis, if asked by the Institute.</p> <p>* A suggested format of the letter to the examiners is available at http://asc.iitb.ac.in/acadmenu/index.jsp under downloadable forms for faculty.</p>	

NAME OF EXAMINERS (Note :Submit Names of Examiners with contact details as per the attached format, separately) :

1.	2.
3.	4.
5.	6.
7.	8.
NAME OF INTERNAL EXAMINER :	NAME OF CHAIRPERSON(s) :
Prof. : _____	1. Prof. : _____
Academic Unit : _____	Academic Unit : _____
2. Prof. : _____	Academic Unit : _____

REMARKS(if any) OF CONVENER, POSTGRADUATE COMMITTEE OF ACADEMIC UNIT:

SIGNATURE WITH STAMP & DATE :

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FOR ACADEMIC OFFICE USE

SIGNATURE OF ASSISTANT/DEPUTY REGISTRAR (ACAD) & Date :	
List of Examiners	Whether to invite for Viva-Voce Examination (Y / N)
SIGNATURE OF DEAN (AP)	
STAMP & DATE :	



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Name of Academic Unit : _____

(Contact details of external examiners be given in the following format)

Name of the Student : _____ Roll no. : _____

<p>1. Name: Present Position: Postal Address:</p> <p>Phone/Mobile nos.: E-mail:</p>	<p>2. Name: Present Position: Postal Address:</p> <p>Phone/Mobile nos.: E-mail:</p>
<p>3. Name: Present Position: Postal Address:</p> <p>Phone/Mobile nos.: E-mail:</p>	<p>4. Name: Present Position: Postal Address:</p> <p>Phone/Mobile nos.: E-mail:</p>
<p>5. Name: Present Position: Postal Address:</p> <p>Phone/Mobile nos.: E-mail:</p>	<p>6. Name: Present Position: Postal Address:</p> <p>Phone/Mobile nos.: E-mail:</p>
<p>7. Name: Present Position: Postal Address:</p> <p>Phone/Mobile nos.: E-mail:</p>	<p>8. Name: Present Position: Postal Address:</p> <p>Phone/Mobile nos.: E-mail:</p>

Stamp of Department/Centre/School/IDPs :