

# TATA INSTITUTE OF FUNDAMENTAL RESEARCH

(DEEMED UNIVERSITY)

Homi Bhabha Road, Colaba, Mumbai 400 005.

## SYNOPSIS SUBMISSION FORM

Name: \_\_\_\_\_

Month and Year of joining TIFR Graduate Program: \_\_\_\_\_ Dept./Centre: \_\_\_\_\_

TIFR Registration No. \_\_\_\_\_ Date of Registration \_\_\_\_\_ Subject Board: \_\_\_\_\_

Degree (✓ the appropriate box)  Ph.D.  M.Sc.  M.Phil

Date of Synopsis Seminar: \_\_\_\_\_

Tentative date of Thesis Submission: \_\_\_\_\_ (this will conveyed to the external examiners)

**Note: it is strongly recommended that the thesis be submitted within 3 months of submitting the synopsis.**

I have submitted an electronic copy of the synopsis of my thesis (no hard copy required), embodying the results of my research on (Thesis Title):

\_\_\_\_\_  
\_\_\_\_\_

I certify that my work is based on the discovery of new facts by me or of new relations of facts observed by others and the work tends to the general advancement of knowledge.

The enclosed synopsis clearly states the sources from which my information has been derived and the extent to which I have based my work on the work of others, and the portion or portions of my thesis which I claim as original.

For the thesis which I intend to submit, no degree or diploma has been conferred on me before either in this or in any other University or body, further I have not submitted the synopsis of my thesis or my thesis to any other University or body.

Date: \_\_\_\_\_ Student's signature : \_\_\_\_\_ Student's email: \_\_\_\_\_

### CERTIFICATE OF RESEARCH SUPERVISOR

I certify that the thesis to be presented by \_\_\_\_\_ represents his/her original work which was carried out by him/her at \_\_\_\_\_ under my guidance and supervision during the period from \_\_\_\_\_ to \_\_\_\_\_.

I further certify that the foregoing statements made by him/her in regard to his/her thesis are correct to the best of my knowledge.

**I have sent a list of suggested external examiners to [gsoffice@tifr.res.in](mailto:gsoffice@tifr.res.in). I understand that the synopsis will be accepted only after this list is received.**

Date: \_\_\_\_\_ Signature & Name of Research Supervisor ( \_\_\_\_\_ )

The synopsis is approved for submission

Date	Signature, Local Subject Board Representative*	Date	Signature, Convener, Subject Board

Assistant Registrar (Academic)

Dean, Graduate Studies

\* Needed only if Subject Board Convener is not co-located with the student.