Ph.D. SYNOPSIS SUBMISSION FORM

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தமிழ்நாடு திறந்தநிலைப் பல்கலைக்கழகம்

TAMILNADU OPEN UNIVERSITY

[Established by Act No.27/2002 of the Government of Tamil Nadu]

No.577, Anna Salai, Saidapet, Chennai - 600 015.

1.	**Name of the Candidate**		**In English:** (in block letters) **In Tamil:**
2.	**Sex**		**Male Female**
3.	**Age and Date of Birth**		
4.	**Name of Father or Guardian**		**In English:** **In Tamil:**
5.	**Nationality**	**Religion**	**Community : SC/ST MBC BC OC**
6.	**Address with Phone Numbers (in block letters to which communications should be sent)**		**Mobile: Landline**
7.	**Register number, month and year of passing the PG / M.Phil Degree Examination and name of the institution**		
8.	**Date, Month and Year of the convocation at which the degree was taken**		
9.	**The Month and Year in which the candidate was provisionally registered for the Ph.D. Degree and quote the number and date of this office communication registering for the Ph.D. Degree**		

10.	**The Number and date of this office communication confirming the provisional Registration for the Ph.D. Degree**	
11.	**Enrolment No. & Mode (Part-time or Full-time)**	
12.	**Subject**	
13.	**Title of the Thesis (in block letters)**	
14.	**Name of the School in which the candidate is working for Ph.D. Degree and the name of the supervisor who supervises and directs his/her Research work.**	**School:** **Supervisor:**
15.	**Signature of the Candidate**	
16.	**Signature of the Supervisor with Designation and Seal**	**Mobile:** **E.Mail:** **Landline**
17.	**Signature of the Co-Guide with Seal (if applicable)**	
18.	**Signature of the Head of the Department with Seal where the candidate is working for the Ph.D. Degree**	
19.	**Signature of the Director of Research with date and Seal**	
20.	**Signature of the Head of the Institution /Registrar/ Director with date and Seal**	
21.	**Date:** **Station:**	