

PARUL UNIVERSITY
Checklist for Synopsis Submission

1. Name of PhD Scholar: _____
2. Enrolment No.: _____ Full Time / Part Time
3. Faculty of: _____
4. Branch/Programme/Specialization of: _____
5. ORCID ID of PhD Scholar: _____

Sr. No.	Particulars	Checked by Ph.D. Supervisor	Final Verification by DSR	
			Office Assistant	Officers
1	Name of the scholar should be as per the PG degree certificate. In case of change of name/spelling/surname (Differing from that of the PG degree certificate) the scholar must submit the Gazette Notification issued by the Government.			
2	Recommendation for synopsis submission in DRC Comment sheet by the experts in DRC 6 for full time Ph.D. Scholar / in DRC 8 for part time Ph.D. Scholar			
3	Prerequisite form for synopsis submission duly signed by Ph.D. Scholar and Ph.D. Supervisor			
4	Certificate of fees duly signed by Central Account Section / Duly signed by OIA in case of FN Ph.D. Scholar			
5	Proof of Fees receipts of all the semesters along with thesis and convocation fees			
6	DRC Comment Sheets (6 for Full time Ph.D. Scholar / 8 for Part time Ph.D. Scholar)			
7	MIS Generated Reports (6 for Full time Ph.D. Scholar / 8 for Part time Ph.D. Scholar)			
8	Research title should be same on Synopsis (hard and soft copy) as well on all DRC comment sheets			
9	Research title should also match with the Ethical Clearance Certificate (Animal/Human) as well as in CTRI Registration Certificate (if applicable in case of Faculty of Medicine, Homoeopathy, Nursing, Ayurved, Physiotherapy and Pharmacy)			
10	Course Work Completion Certificate			
11	One spiral bound copy of synopsis duly signed by Ph.D. Scholar and Ph.D. Supervisor			
12	Submission of Soft copy of synopsis via email on phdDean@paruluniversity.ac.in			
13	Original Migration Certificate and NOC from the employer (if pending)			
14	Signature of concerned person			

Name and Signature of Ph.D. Scholar _____

Name and Signature of Ph.D. Supervisor _____

Name and Signature of PhD Co-Supervisor (if any) _____

PARUL UNIVERSITY

PRE-REQUISITE FORM FOR SYNOPSIS

Faculty of: _____

Branch/Programme/Specialization of: _____

1. Name of PhD Scholar:

2. Enrolment No.:

Full Time / Part Time

3. Title:

4. Admission Year:

5. Batch:

6. Date of previous DRCs Presented:

Sr. No.	DRC Number	Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

7. Recommendation by Expert Members of DRCs:

The candidate can be allowed for Open Seminar:

YES / NO

If NO then provide comments:

Name and Signature of Ph.D. Scholar _____

Name and Signature of Ph.D. Supervisor _____

Name and Signature of PhD Co-Supervisor (if any) _____

For Office Use

Verified By

Dean, DSR

Parul University

PARUL UNIVERSITY
CERTIFICATE FOR FEES

Faculty of: _____

Branch/Programme/Specialization of: _____

1. Name of Ph.D. Scholar:
2. Enrolment No.:
3. Title:
4. Name of Ph.D. Supervisor:
5. Name of Ph.D. Co-Supervisor (if any):

The above-mentioned PhD scholar has paid the fees as per following:

Term	Type of Fees	Amount (Rs.)	Transaction ID / UTR Number	Payment Mode	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Synopsis Submission Fees					
Thesis Adjudication Fees					
Convocation Fees					

Signature of PhD Scholar with Date:

For Office Use

Name of the Verifier (Account Officer / ISAC Department):

Signature:

Date:

Dean, DSR

Parul University

PARUL UNIVERSITY

Attendance Sheet for Open Seminar Presentation

(to be submitted along with Report after conduct of Open Seminar)

Faculty of: _____

Branch/Programme/Specialization of: _____

1. Name of PhD Scholar:
2. Enrolment No.:
3. Title:
4. Name of PhD Supervisor:
5. Name of PhD Co-Supervisor (if any):
6. Date of Open Seminar:

The below-mentioned persons were present at Open Seminar:

Sr. No	Name of Attendee	Designation	Contact Number	Signature of Attendee

Name of the PhD Supervisor: _____

Signature of PhD Supervisor: _____

Name and Signature of Co-Supervisor (if any): _____

**FORMAT OF FIRST PAGE OF
SYNOPSIS**

RESEARCH TITLE

SYNOPSIS SUBMITTED TO

PARUL UNIVERSITY

For the Award of Degree of

DOCTOR OF PHILOSOPHY (Ph.D.)

IN

SPECIALIZATION NAME

FACULTY OF **APPLIED SCIENCES**

SUBMITTED BY

RESEARCH SCHOLAR NAME

(Enrollment No. XXXXXXXXXXXXX)

Under the Guidance of

RESEARCH SUPERVISOR NAME

Department Name

Institute Name

RESEARCH CO-SUPERVISOR NAME (If Any)

Department Name

Institute Name

Parul[®]
University

NAAC **A++**
ACCREDITED UNIVERSITY

PARUL UNIVERSITY, VADODARA

MONTH, YEAR

CERTIFICATE

This is to certify that the Synopsis entitled “_____”

has been worked satisfactorily under my/our guidance and supervision. It describes the original research work carried out by Name of Research Scholar (Enrollment No. _____) under the Faculty of _____ in the Subject (Specialization) of _____ for the degree of Doctor of Philosophy at Parul University, Vadodara..

Signature of Research Supervisor:

Name and Designation of Research Supervisor:

Signature of Research Co-Supervisor (if any):

Name and Designation of Research Co-Supervisor:

Place: _____

Date: _____

Contents to be included in Spiral bound synopsis

- ☐ **TITLE PAGE AND CERTIFICATE**
- ☐ **ABSTRACT**
- ☐ **INTRODUCTION**
- ☐ **AIM AND OBJECTIVES**
- ☐ **MATERIALS AND METHODS**
- ☐ **RESULTS**
- ☐ **SUMMARY AND CONCLUSION**
- ☐ **REFERENCES**

TIMES NEW ROMAN

Font Size-12

Spacing – 1.5

**Page Alignment- T (1.0 cm) B (1.0cm)
RS (1.5cm) LS (1.0cm)**

Page Number- Middle of the Page (bottom)

References: Vancouver reference style