



# INDIAN INSTITUTE OF TECHNOLOGY ROORKEE

1. Name of the Ph.D. student  
(English) \_\_\_\_\_ Enrollment No.: \_\_\_\_\_  
(Hindi) \_\_\_\_\_
2. Department/Centre: (i) \_\_\_\_\_ (ii) \_\_\_\_\_  
(Where Enrolled) (Where Working)
3. Category : FTRS (IARS/EFERS/ISERS) / PTRS (P-ISIRS/P-ISERS)
4. Name (s) of the Supervisor (s) 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_
5. Date of Initial Registration \_\_\_\_\_ Extension (s), if any \_\_\_\_\_
6. Date of Candidacy \_\_\_\_\_
7. Date of Final SRC \_\_\_\_\_
- \* 8. Earned Credits/Units upto previous semester (at least 48 credits/ 24 units should be earned) : \_\_\_\_\_
9. Whether the candidate's Research Paper(s) have been published (accepted for publication) in a peer reviewed journals/International Conference as per Rule R.6.2 of the regulations: **YES /NO**  
Journal(s): \_\_\_\_\_ Int. Conference(s): \_\_\_\_\_  
If not reasons therefore \_\_\_\_\_
10. Recommendation of the Student Research Committee  
(a) (i) Work is satisfactory and recommended for submission **YES /NO**  
(ii) Final title of the thesis is as below:  
In **English** (In Capital Letters) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
In **Devanagari** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(iii) Recommended list of Examiners  
(covering geographical locations across globe). **LIST ATTACHED**

\* For all students, except those who have completed candidacy requirements and progress report has been communicated after candidacy as satisfactory/ unsatisfactory.

**Signature of SRC members:**

- (b) (i) Work is not adequate. Student may make presentation after \_\_\_\_\_ months.  
(ii) Attach suggestions of SRC members.
- (c) Draft thesis submitted 07 days before presentation to members (Rule R.6.2): **YES**
- (d) Likely submission date of thesis: \_\_\_\_\_  
**[Note:** The student should submit the final thesis within four months of the SRC meeting. (Rule R.6.2)]

**SRC certifies that the examiners are actively involved in Research. Supervisor has contacted the proposed examiners regarding their willingness to act as an examiner, if approached.**

**The student has submitted one copy of synopsis in paper and electronic version (C.D.)**

**Member, SRC**

**Member, SRC**

**Supervisor-1**

**Supervisor-2**

**Supervisor-3**

**Chairperson, SRC**

**Chairperson, DRC/CRC**

**HEAD OF THE DEPARTMENT/CENTRE**

**DATED:**

**(Note:** All members of SRC should sign on each page of the Final report & list of Examiners.)

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**FOR USE OF ACADEMIC AFFAIRS OFFICE**

1. Recommendations on submission of thesis may be accepted / cannot be accepted due to \_\_\_\_\_

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2. Board of Examiners may please be appointed.

**Dealing Asstt./Junior Supdt./Supdt.**

**Asstt. Registrar (Evaluation)**

**Joint Registrar - Acad**

**APPROVED & BOARD APPOINTED / NOT APPROVED**

**DEAN OF ACADEMIC AFFAIRS**

**(a) Panel of Examiners [Covering geographical regions across globe]**

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1. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Designation \_\_\_\_\_ E-Mail Address. \_\_\_\_\_  
Address \_\_\_\_\_
2. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Designation \_\_\_\_\_ E-Mail Address. \_\_\_\_\_  
Address \_\_\_\_\_
3. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Designation \_\_\_\_\_ E-Mail Address. \_\_\_\_\_  
Address \_\_\_\_\_
4. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Designation \_\_\_\_\_ E-Mail Address. \_\_\_\_\_  
Address \_\_\_\_\_
5. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Designation \_\_\_\_\_ E-Mail Address. \_\_\_\_\_  
Address \_\_\_\_\_
6. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Designation \_\_\_\_\_ E-Mail Address. \_\_\_\_\_  
Address \_\_\_\_\_
7. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Designation \_\_\_\_\_ E-Mail Address. \_\_\_\_\_  
Address \_\_\_\_\_
8. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Designation \_\_\_\_\_ E-Mail Address. \_\_\_\_\_  
Address \_\_\_\_\_

**Member, SRC**

**Member, SRC**

**Supervisor(s)**

**Chairperson, SRC**

9. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Designation \_\_\_\_\_ E-Mail Address. \_\_\_\_\_  
Address \_\_\_\_\_

10. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Designation \_\_\_\_\_ E-Mail Address. \_\_\_\_\_  
Address \_\_\_\_\_

**Member, SRC**

**Member, SRC**

**Supervisor-1**

**Supervisor-2**

**Supervisor-3**

**Chairperson, SRC**

**Chairperson, DRC/CRC**

**HEAD OF THE DEPARTMENT/CENTRE**

**DATED:**