**SYNOPSIS (Summary of work done)**

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| --- | --- |
| Name of the AcSIR PhD student: |  |
| PhD Registration No.: |  |
| Name of the Institute: |  |
| Subject Faculty: |  |
| Name of the Supervisor: |  |
| Name of the Co-Supervisor (if any): |  |

**“Title of the PhD Thesis”**

**Submitted to**



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Ghaziabad, U.P. – 201 002, India

Institute

**Date of submission of the synopsis:**

Date Month, Year

Institute

Co-supervisor’s signature

(Name of the Co-supervisor)

Supervisor’s signature

(Name of the supervisor)

Supervisor’s name with Signature

AcSIR Coordinator’s signature

(Name of the AcSIR Coordinator)