

**SREE CHITRA TIRUNAL
INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY**

DIVISION OF ACADEMIC AFFAIRS

APPLICATION FOR SUBMISSION OF THESIS SYNOPSIS

Name of the Research Scholar : _____

Register Number : _____

Research Title : _____

Name of the Research Guide : _____

To
The Deputy Registrar
Division of Academic Affairs

Dear Sir

I am submitting herewith four copies of the synopsis as pre- requirement for the evaluation of my final thesis.

Thanking You

Yours faithfully

Date:

Signature of the Research Scholar

Forwarded by the Research Guide :

Remarks/Suggestions, if any : _____

Date and Signature of Research Guide : _____

Signature of DAC Members, with remarks if any:

DAC Members : 1.

2.

3.