

## SHRI RAMASAMY MEMORIAL UNIVERSITY SIKKIM

### PROFORMA FOR SUBMISSION OF THESIS

#### I. Registration Details

Name of the Scholar:  Address:	Registration No.  Contact No. & Email ID:		
Supervisor's Name:  Address:  Contact No. & Email ID:	Co-Supervisor's Name:  Address:  Contact No. & Email ID:		
Title of the Thesis:			
Category at the time of Registration	FT PT(Int.)/ PT(Ext.)/	Change of Category (If any)	
Month and Year of Registration		Period of break of study granted (If any)	
Date of Confirmation		Date of completion of minimum period	

Date of completion of maximum period		Extension of period approved (mention date)	Up to:
Date of DC meeting for approval of Synopsis		Date of Submission of Thesis	

Extension of time for thesis submission beyond 6 months after the submission of synopsis (if any):

Late fee details :

Amount (Rs.)	DD No.	DD Date	Bank Name	Branch

Certified that the information furnished above are true and correct to the best of my knowledge.

**Signature of the Scholar**  
(With date)

**Signature of the Supervisor**  
(With date)

**Signature of Co-Supervisor**  
(if applicable)  
(With date)

**Signature of the Head of Department**  
(With date and seal)

**Signature of the Dean (Research) /  
Dean, Medical Research**  
(With Name, Date & Seal)

**Signature of the Head  
of the Institute**  
(With Name, Date & Seal)

**For Office Use only**  
Checked and accepted.

**Controller of Examinations**

**Superintendent**