

Research Plan

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TOPIC

SUBMITTED FOR PARTIAL FULFILMENT OF DOCTOR OF PHILOSOPHY

By

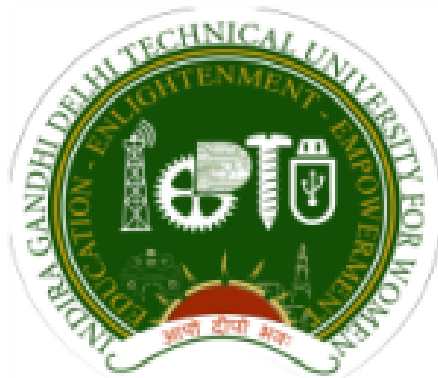
NAME

Under the Supervision of

Supervisor

DEPARTMENT OF.....

YEAR.....



INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN

KASHMERE GATE

DELHI-110006

INDIA

Research Plan

TOPIC

Name of the student	
University Enrolment No.	
Mobile No.	
e-mail id	
Name of the supervisor	
Department	
e-mail id	
Mobile No.	
Name of the Jt-supervisor (if any)	
Department	
e-mail id	
Mobile No.	

Signature of Students

Signature of Supervisor

Signature of Jt. Supervisor

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1. Proposed Topic of Research
2. Research Objective
3. Introduction
4. Literature Review
5. Proposed method to be used in solving the problem /study
6. Material and Methodology
7. References

1. Proposed Topic of Research

2. Research Objective

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3. Introduction

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4. Literature Review

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5. Proposed method to be used in solving the problem/ study

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6. Material and Methodology

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7. References

1. Cesar Jauregui, Hans-Jürgen Otto, Norbert Modsching, Jens Limpert and Andreas Tünnermann, “Recent progress in the understanding of mode instabilities”, SPIE, 9344, 93440J-1-93440J-6, 2015
2. Hans-Jürgen Otto, Norbert Modsching, Cesar Jauregui, Jens Limpert and Andreas Tünnermann, “Impact of photodarkening on the mode instability threshold”, Optics Express, 23, 12, 15265-15277, 2015

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INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN
(Formerly Indira Gandhi Institute of Technology)
Kashmere Gate, Delhi-110006

For official use

Remarks of DRC on Research Plan

Name:

Enrolment Number:

Nature of Ph.D (FT/PT/TRF):

Title of Research work:

- Research plan is approved.
- Research plan is approved with minor changes.
- Research plan is not approved in the present form. Student is advised to make major changes and submit again.

Signatures of the members of DRC

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

Date:



INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN
(Formerly Indira Gandhi Institute of Technology)

Kashmere Gate, Delhi-110006

(July – Dec/ Jan – June, 20__)

Name of the student			
University Enrolment No.			
Mobile No.			
e-mail id			
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e-mail id			
Mobile No.			
Name of the Jt.-supervisor (if any)			
Department			
e-mail id			
Mobile No.			
Nature of Ph. D.(FT/ PT/ TRF)			
Title of research work			
Present Address(of Candidate)			
Date			
Status of the coursework Passed			
Subject	Credits	Marks	Year of passing

For Official Use

This is to certify that the progress of the above candidate has been accessed for the session (July – Dec/ Jan – June, 20__) and has been found **satisfactory/ dissatisfactory** by the DRC.

Date_____

Names(s) and Signatures of the SRC members



INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN
(Formerly Indira Gandhi Institute of Technology)

Kashmere Gate, Delhi-110006

Details of Fee Submitted at IGDTUW for PH. D.

Date	Challan No./ Receipt No.)	Amount

This is to certify that the details given above are true to the best of my knowledge.

Signature_____

Name of the Candidate_____

Enrolment No. _____