Font: Time New Roman
Text Font: 12 pts
Line spacing: 1.5 cm
Heading font: 14 pts Bold
Subheading Font: 12pts Bold

TITLE OF THESIS PLAN

THESIS PROPOSAL SUBMITTED TO SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR TOWARDS PARTIAL FULFILLMENT OF REQUIREMENT FOR THE AWARD OF

MASTER OF SURGERY/ MASTER OF MEDICINE

IN

SPECIALIZATION NAME

BY

STUDENT NAME

SUPERVISOR

NAME

DEPARTMENT OF ……..

SRI GURU RAM DAS INSTITUTE OF MEDICAL SCEINCES AND RESEARCH

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, VALLAH

SRI AMRITSAR

YEAR

To

The Registrar,
Sri Guru Ram Das University of Health Sciences,
Sri Amritsar.

Subject: Submission of Thesis Plan

Sir,

I am submitting my thesis plan entitled, **"……."** required in partial fulfillment for the award of …… in subject of …….. for your kind approval.

Thanking you

Yours faithfully,

Department of

APPLICATION FORM FOR APPROVAL OF SUBJECT OF THESIS FOR M.D. (…..) OF SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

Name of the student (Capital letters)	
Enrollment Number	
Date of Birth	
Permanent Residential Address	
E-mail id and Mobile Number	
Father Name	
Mother Name	
Month and Year of Passing MBBS Degree	
Name of Institute from where passed MBBS Degree	
Name of University from where passed MBBS Degree	
Present designation/posting	
Work experience after graduation in medical college or non-teaching hospital	
Date of joining Postgraduate Degree	
Signature of Candidate	

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCEINCES, AMRITSAR

CERTIFICATE OF FACILITIES AVAILABLE

This is to certify that facilities for work on the subject of thesis titled "……..……" exists at Sri Guru Ram Das Institute of Medical Sciences and Research, SGRDUHS, Amritsar and will be provided to the candidate. We will see that the data being included in the thesis are genuine and is collected by the candidate himself/herself under our supervision and guidance. The research project has been thoroughly discussed in the Department of ……

Name and Signature of Head of Department

Name and Signature of Supervisor

Name and Signature of Co-Supervisor

Signature of Director Principal

DECLARATION BY THE CANDIDATE

I, ……..hereby declare that the work embodied in the thesis entitled“…….. ……” will be an original work carried out by me under the guidance of my supervisor Dr…… and Co-supervisors Dr ……. in the Department of ……

Name and Signature

(Name of the Department_____)

Ref .No: Dated:

Cost Analysis Form

Certified that the study entitled_____

_____

Involves only such investigations and / or treatment, which are relevant in the management of patients and has no extra cost implications to the patient.

Name of candidate: _____

Name of Supervisor: _____

Name of Co- Supervisor(s): _____

_____

Signature of Candidate

_____

Signature of Supervisor

CERTIFICATE OF DEPARTMENT CLEARANCE

This is to certify that the plan of thesis _____ _____has been discussed in the Department of _____and approved by whole of the faculty of the department. The plan writing is satisfactory.

(Signature, Name & Designation of Supervisor)

(Signature, Name & Designation of Co-Supervisor)

APPROVAL PROFORMA

FOR RESEARCH & ETHICAL COMMITTEE
SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, AMRITSAR

Name of candidate	
Department	
Topic of Thesis	
Likely date of appearing for PG Exam	
Date of enrollment	
Name of Head of Department	
Supervisor **Co-Supervisor**	
Signature of Members of Research Committee with Stamp	**Signature of Members of Ethics Committee with Stamp**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5
6.	6.
7.	7.

Approved : Yes / No **Approved : Yes /No**

Chairperson **Chairperson**

1.0. Title of thesis:

The title should be in capital letters. It should be concise, specific and reflect the proposed project to be undertaken. Abbreviations should not be used. Scientific names in the title, if any, must be written in Latin binomial or trinomial.

2.0. Introduction (1-2 pages)

This section should highlight the scope and significance of the proposed project work along with the **knowledge gaps** and **objectives** of the study under separate sub-heads. Conclude this section by stating how the proposal plans t answer the question which should be focused, measurable, achievable and precise.

2.1. Objectives

3.0. Rationale of the study and Hypothesis

Significance of the study should be clearly indicated

4.0. Review of literature

An up-to-date and comprehensive review of literature indicating history, developments and IPR (if any) relating to the topic of the proposed project should be given.

5.0. Materials and Methods

5.1. Name and location of experiment

5.2. Materials to be used along with source:

This section should mention the details of the work to be carried out under following heads:

Setting:

a. **Duration of experiment**:
b. **Type of study**:
c. **Participants**:
d. **Sample size**:
e. **Formula of sample size calculation:**
f. **Inclusion criteria**:
g. **Exclusion criteria**:

6.1. Observations to be recorded

6.2. Statistical analysis

7.0. References

All the references used in preparing the plan of thesis should be listed at the end as per the **Vancouver style**.

Recommendations and forwarding:

The supervisor/co-supervisor of the student shall sign the plan of thesis with date and place before its submission to the concerned head of Department for transmission to Chairman, Institutional Research Committee for processing of plan for approval.

***= Proper consent form duly approved by Sri Guru Ram Das University of Health Sciences in a language understood by the participant in the study must be filled and got signed by the participant. This must be verified by the supervisor and maintained in a file by the concerned department till the results are published.**

INFORMED CONSENT DOCUMENT (ICD)

Patient / Participant information sheet

INFORMATION FOR PARTICIPANTS OF THE STUDY

Instructions - This is the patient information sheet. It should address the participant of this study. Depending upon the nature of the individual project, the details provided to the participant may vary. A separate consent form for the patient/test group and control (drug/procedure or placebo) should be provided as applicable. While formulating this sheet, the investigator must provide the following information as applicable in a simple language in English and Punjabi which can be understood by the participant.

- Title of the project
- Name of the Supervsior
- Purpose of this project/study
- Procedure/methods of the study
- Expected duration of the subject participation
- The benefits to be expected from the research to the participant or to others
- Any risks expected from the study to the participant
- Maintenance of confidentiality of records
- Freedom to withdraw from the study at any time during the study period without the loss of benefits that the participant would otherwise be entitled

Signature of the Supervisor:

Signature of the participant:

Place:

Date :

CONSENT FORM

Title of the project:

Participant's name: Address:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. I fully consent to participate in the above study.

Signature of the participant: _____ Date: _____

Signature of the witness: _____ Date: _____

Name and address of the witness:

Signature of the investigator: _____ Date: _____

CONSENT FORM (for participants less than18 years of age)

Parent/Legally acceptable representative (LAR)

Title of the project:

Participant's name: Address:

Parent/LAR' s name:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my child/ward's participation in the study is voluntary and that I am free to withdraw my child/ward at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. I fully consent for the participation of my child/ward in the above study.

Assent of child/ward obtained (for participants 7 to 18 years of age)

Signature of the parent/ LAR: _____ Date: _____

Signature of the witness: _____ Date: _____

Name and address of the witness:

Signature of the investigator: _____ Date: _____

ASSENT FORM

(for children above 7 years and below 18 years of age)

Assent form to participate in a clinical research

Child Participant's name: Date of birth/Age:

Parent/LAR' s name: Address:

Title of the project:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I understand that following completion of study as well as during publication of the results, confidentiality of my identity will be maintained. I have been given an information sheet giving details of the study. I fully assent to participate in the above study.

Signature of the child participant : Date:

(If child knows to sign/Thumb impression)

Signature of the parent or guardian : Date:

Name and address of the witness :

Signature of the witness : Date:

Signature of the Investigator : Date:

(Assent form should be accompanied by patient / participant information sheet for children in a simple language comprehensible to a child of 7-18 years; Language used should be simpler for children in the age group 7-12 years compared to children in the age group >12-18 years)

शोध अध्ययन में भागीदारी के लिए सहमति

मैं

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..... सभी अध्ययन और प्रशिक्षण कार्यक्रम को मुझे उस भाषा में अच्छी तरह समझाया गया है जिसे मैं सबसे अच्छा समझ सकता हूं। मुझे अध्ययन में भाग लेने के लिए कोई मुआवजा या भुगतान नहीं दिया जाएगा। जब इस शोध के परिणाम सम्मेलनों में प्रकाशित या चर्चा की जाती हैं, तो मेरी पहचान प्रकट करने वाली कोई भी जानकारी प्रकट नहीं की जाएगी। मैं इस अध्ययन से किसी भी समय और किसी भी कारण से वापस ले सकता हूं। मैं इस फॉर्म पर हस्ताक्षर करके अपने किसी भी कानूनी अधिकार को नहीं छोड़ रहा हूं।

प्रतिभागी का हस्ताक्षर

तारीख:

जांचकर्ता का हस्ताक्षर

ਖੋਜ ਦੇ ਅਧਿਐਨ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਸਹਿਮਤੀ

ਮੈ_____,_____ਦਾ..ਬੇਟਾ _____
_____ ਦਾ ਨਿਵਾਸੀ ਇਸ ਵਿਚ ਹਿੱਸਾ ਲੈ ਰਿਹਾ ਹਾਂI ਖੋਜ ਅਭਿਆਸ ਦੀ ਸਵੈ-ਇੱਛਾ ਨਾਲ, ਅਤੇ ਇਸ ਤਰ੍ਹਾਂ ਕਰਨ ਦਾ ਮੇਰਾ ਫੈਸਲਾ ਕਿਸੇ ਵੀ ਤਰਾ ਨਾਲ ਇਸ ਸੰਸਥਾ ਵਿੱਚ ਮੇਰੇ ਇਲਾਜ ਨੂੰ ਪ੍ਰਭਾਵਤ ਨਹੀਂ ਕਰੇਗਾ। ਪੂਰੇ ਅਧਿਅਨ ਅਤੇ ਇਸ ਦੀਆਂ ਪ੍ਰਕ੍ਰਿਆਵਾਂ ਨੇ ਮੇਰੀ ਭਾਸ਼ਾ ਦੀ ਚੰਗੀ ਤਰ੍ਹਾਂ ਵਿਆਖਿਆ ਕੀਤੀ ਹੈ ਜੋ ਮੈਂ ਸਭ ਤੋਂ ਚੰਗੀ ਤਰ੍ਹਾਂ ਸਮਝ ਸਕਦਾ ਹਾਂ। ਮੈਂ ਸਮਝਦਾ/ਸਮਝ ਦੀ ਹਾਂ ਕਿ ਇਸ ਪ੍ਰਕਿਰਿਆ ਵਿਚ ਜੋਖਮ ਕੋਈ ਨਹੀਂ ਜਾਂ ਘੱਟੋ ਘੱਟ ਹਨ। ਮੈਨੂੰ ਅਧਿਐਨ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਕੋਈ ਮੁਆਵਜ਼ਾ ਜਾਂ ਨਹੀਂ ਦਿੱਤਾ ਜਾਏਗਾ । ਜਦੋਂ ਇਸ ਖੋਜ ਦੇ ਨਤੀਜਿਆਂ ਨੂੰ ਪ੍ਰਕਾਸ਼ਿਤ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਜਾਂ ਕਾਨਫਰੰਸਾਂ ਵਿੱਚ ਵਿਚਾਰਿਆ ਜਾਂਦਾ ਹੈ, ਤਾਂ ਮੇਰੀ ਪਛਾਣ ਪ੍ਰਗਟ ਕਰਨ ਵਾਲੀ ਕੋਈ ਵੀ ਜਾਣਕਾਰੀ ਪ੍ਰਗਟ ਨਹੀਂ ਕੀਤੀ ਜਾਵੇਗੀ । ਮੈਂ ਕਿਸੇ ਵੀ ਸਮੇਂ ਅਤੇ ਕਿਸੇ ਵੀ ਕਾਰਨ ਕਰਕੇ ਇਸ ਅਧਿਐਨ ਤੋਂ ਵਾਪਸ ਲੈ ਸਕਦਾ ਹਾਂ । ਮੈਂ ਇਸ ਫਾਰਮ 'ਤੇ ਹਸਤਾਖਰ ਕਰਕੇ ਮੇਰੇ ਕਿਸੇ ਵੀ ਕਾਨੂੰਨੀ ਅਧਿਕਾਰ ਨੂੰ ਨਹੀਂ ਛੱਡ ਰਿਹਾ ।

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ

ਅੰਗੂਠਾ ਭਾਗੀਦਾਰ ਦੇ ਹਸਤਾਖਰ/

ਅੰਗੂਠਾ / ਗਵਾਹ ਦਾ ਨਾਮ: ਭਾਗੀਦਾਰ ਦਾ ਨਾਂ:

ਤਾਰੀਖ:

ਜਾਂਚ ਕਰਤਾ ਦੇ ਹਸਤਾਖਰ: