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Heading font: 14 pts Bold
Subheading Font: 12pts Bold

TITLE OF SYNOPSIS

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

**DOCTOR OF PHILOSOPHY
IN**

MEDICAL (SPECIALIZATION NAME)

UNDER THE FACULTY OF MEDICAL SCIENCES

BY

SCHOLAR NAME

**SUPERVISOR
NAME**

**DEPARTMENT OF, SGRDIMSR
SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES,
AMRITSAR
YEAR**

To

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

Subject: Submission of Synopsis

Sir,

I am submitting my synopsis entitled,
“.....”
required in partial fulfillment for the award of Doctor of Philosophy in subject of
..... for your kind approval.

Thanking you

Yours faithfully,

Department of

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 Master Degree	
Name of Institute from where passed Master Degree	
Name of University from where passed Master Degree	
Date of joining Ph.D. Programme	
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 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

Signature of Head of Department

Signature of Supervisor

Signature of Co-Supervisor

Signature of 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

Signature

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

Name of candidate	
Department	
Topic of Thesis	
Year of Course work completion	
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. Scientific names in the title, if any, must be written in Latin binomial or trinomial.

2.0. Introduction

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.

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:**

6.0. Activity Schedule

Year	Activity	Semester I						Semester-II					
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.													
2.		Semester III						Semester IV					
3.		Semester V						Semester VI					

4.		Semester VII						Semester VIII					

6.1. Observations to be recorded

6.2. Statistical analysis

6.3. Special requirements like clearance from Institutional Biosafety Committee etc.

7.0. Collaborating department/institution(s), if any.

Consent of the head of concerned collaborating department/institution should be obtained and it should be a part of the synopsis. The extent of work to be carried out in collaborating department/ institution should be clearly mentioned including the sharing of resources, expenditure involved and Intellectual Property Rights.

8.0. References

All the references used in preparing the synopsis should be listed at the end as per the approved style for writing the thesis to be submitted to the university (Please follow APA style).

Recommendations and forwarding:

The supervisor/co-supervisor and members of research advisory committee of the scholar shall sign the synopsis with date and place before its submission to the concerned head of department for transmission to Chairman, institutional Research Committee for processing of synopsis 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.**

Patient case Performa

Patient general information

Date:

Patient name	
Age	
Address/Area	
Phone no.	
OPD/CR no.	
Rural/Urban	
Educational Status	
Marital Status	
Occupation	

Presenting complains:-

Present illness	
Site of the problem	
When & how it started	
Any pain	
How your problem gets affected	

Past History

Any significant disease	
Any hospitalization	
Any treatment and its duration	

Family history

Any family history of disease
General physical examination

Specimen Collected	

Signature of Supervisor/Co-Supervisor:

Signature of Candidate:

CONSENT FOR STUDY

I _____, son/daughter of _____ resident of _____ am participating in this research study voluntarily, and my decision to do so will not affect my treatment in this institution in any way. Whole study and its procedures have been well explained to me in the language I can understand best. I understand that the risks in this procedure are none or minimal. I will not be given any compensation or payment for participation in the study. When the results of this research are published or discussed in conferences, no information that may reveal my identity will be disclosed. I can withdraw from this study at any time and for any reason. I am not giving up any of my legal rights by signing this form.

Signature/ thumbprint of witness
witness:

Signature/ thumbprint of participant Name of
Name of participant:

Date:

Signature of Investigator:

शोध अध्ययन में भागीदारी के लिए सहमति

मैं

.....
.....
.....
.....

..... सभी अध्ययन और प्रशिक्षण कार्यक्रम को मुझे उस भाषा में अच्छी तरह समझाया गया है जिसे मैं सबसे अच्छा समझ सकता हूँ। 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 हूँ। मैं इस फॉर्म पर हस्ताक्षर करके अपने किसी भी कानूनी अधिकार को नहीं छोड़ रहा हूँ।

प्रतिभागी का हस्ताक्षर

तारीख:

जांचकर्ता का हस्ताक्षर

ਖੋਜ ਦੇ ਅਧਿਐਨ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਸਹਿਮਤੀ

ਮੈਂ _____, _____ ਦਾ..ਬੇਟਾ _____
_____ ਦਾ ਨਿਵਾਸੀ ਇਸ ਵਿਚ ਹਿੱਸਾ ਲੈ ਰਿਹਾ ਹਾਂ। 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 ਅਧਿਐਨ ਅਤੇ ਇਸ ਦੀਆਂ ਪ੍ਰਕ੍ਰਿਆਵਾਂ ਨੇ ਮੇਰੀ ਭਾਸ਼ਾ ਦੀ ਚੰਗੀ ਤਰ੍ਹਾਂ ਵਿਆਖਿਆ ਕੀਤੀ ਹੈ ਜੋ ਮੈਂ ਸਭ ਤੋਂ ਚੰਗੀ
ਤਰ੍ਹਾਂ ਸਮਝ ਸਕਦਾ ਹਾਂ। ਮੈਂ ਸਮਝਦਾ/ਸਮਝਦੀ 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

ਅੰਗੂਠ। ਭਾਗੀਦਾਰ ਦੇ ਹਸਤਾਖਰ/

ਅੰਗੂਠ। / ਗਵਾਹ ਦਾ ਨਾਮ:

ਭਾਗੀਦਾਰ ਦਾ ਨਾਂ:

ਤਾਰੀਖ:

ਜਾਂਚ ਕਰਤਾ ਦੇ ਹਸਤਾਖਰ: