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|  | **Application form for**  **Short-term Research Grants for**  **Undergraduate Students of Institutions**  **affiliated to RGUHS for the year 2024-25** | **Paste recent passport size photo here** |
|  | **SECTION – A** |  |
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| --- | --- | --- | --- | --- | --- | --- |
| Title of the Research Project | |  | | | | |
| Full Name of the Student  (all capitals& as mentioned in the marks card) | |  | | | | |
| Name of the Institute | |  | | | | |
| Address of the Institute | |  | | | | |
| Email | |  | | | | |
| Mobile Number | |  | | | | |
| Name of the course student studying | |  | | | | |
| Subject | |  | | | | |
| Date of Joining course | |  | | | | |
| Year and Month of passing 1st, 2nd, & 3rd year Examination/s | |  | |  | | |
|  | | **Second year** | | **Third Year MBBS/BDS/PharmD** | | |
| **Presently studying in** | | Yes / No | | Yes / No | | |
| **DETAILS OF Marks scored \***  **(other than pHARM d STUDENTS)** |  | **Max. Total**  **Marks** | **Secured**  **Marks** | | | **Percentage % of marks** |
| 1st YEAR  / 1st& 2nd Semester |  |  | | |  |
|  |  | | |  |
| 2nd YEAR  (MBBS/BDS / PharmD students only) |  |  | | |  |
|  |  | | |  |
|  | 3rd YEAR  (PharmD students only) |  |  | | |  |
| **enclose previous year/S Marks CARD**  (Xerox copy of original marks card /internet result copy / result sheet attested by college copy) | | **Original marks card copy** | | | Yes / No | |
| **internet result copy** | | | Yes / No | |
| **result sheet attested by Head of the institute/college** | | | Yes / No | |
| STUDENT REGISTER NUMBER  **(as in the marks card)** | |  | | | | |
| UG Intake per year in the institution | |  | | | | |
| Full Name of the Guide | |  | | | | |
| Designation of the Guide | |  | | | | |
| Department of the Guide | |  | | | | |
| Address of guide for correspondence | |  | | | | |
| Mobile Number of the Guide | |  | | | | |
| Email of the Guide | |  | | | | |
| NAME OF THE HEAD OF THE INSTITUTE | |  | | | | |
| DESIGNATION OF THE HEAD OF THE INSTITUTE | |  | | | | |
| ADDRESSOF HEAD OF THE INSTITUTE FOR CORRESPONDENCE | |  | | | | |
| MOBILE NUMBER OF THE HEAD OF THE INSTITUTE | |  | | | | |
| EMAIL OF THE HEAD OF THE INSTITUTE | |  | | | | |
| If the Study involves any kind of Human Trial or Animal trials (Yes/No) | |  | | | | |
| If yes, is the IEC (institute Ethical committee) certificate obtained? Attach it with the application. | |  | | | | |
| **Research Account Details of the Institute** | | | | | | |
| Name in the Bank Account | |  | | | | |
| Account No: | |  | | | | |
| Bank Name: | |  | | | | |
| Branch Name: | |  | | | | |
| IFSC Code: | |  | | | | |

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| **\*\*\*** | **Candidates studying in 1styear OR studying in final year of any course are not eligible to apply** |

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| --- | --- |
| Signature of the Guide | Signature of the Student |
|  | |
| **Signature of the Head of the Institution**  **with seal** | |

**SECTION - C**

**Certificate to be signed by the Student**

I certify that I am an MBBS / BDS / B. PHARM / PHARM.D / BAMS / BUMS / BNYS / B.Sc. NURSING / BHMS / BPT / ALLIED HEALTH SCIENCE COURSES student and I am hereby providing true information in the online application form for award of Short-term Research Grants for Undergraduate Students – 2024-25, to the best of my knowledge. In the event, any information found to be false, my research grants may be cancelled. I also certify that the research proposal is an original work prepared under the guidance of my guide. I confirm that I have not committed “Plagiarism” in preparing this proposal. I understand that after evaluation of my research proposal, I may or may not be selected and I shall abide by the decision of the Research Committee of RGUHS constituted for this purpose. I shall complete the project in time or face action as per rule.

Signature of the Student

Name of the Student

**Certificate to be signed by the Guide**

I agree to accept the applicant Mr/Mrs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ studying in \_\_\_\_\_\_\_\_\_\_\_Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ course. (II MBBS / III MBBS Phase1/ BDS / B. PHARM / PHARM-D / BAMS / BUMS / BNYS / B.Sc. NURSING / BHMS / BPT / ALLIED HEALTH SCIENCE COURSES). I certify that he/she will be offered all facilities and guidance by me for carrying-out research. I also certify that the proposal is an original submission prepared by the student under my guidance. I confirm that neither me nor my student have committed “Plagiarism” in preparing this proposal. I shall provide required facilities to enable completion of the research work so that the report is submitted on or before the last date.

|  |  |  |  |
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| Signature of the Guide |  | Name: |  |
|  |  | Designation: |  |
|  |  | Department: |  |

Attested by

Signature of the

Head of the Institution with seal