Rajiv Gandhi University of Health Sciences, Karnataka
4th T Block, Jayanagar, Bangalore – 560 041
☎ 26961937, FAX: 26961931

RGUHS/R&D/Ph.D Entrance/01/2026-27 Date: 02/07/2026

NOTIFICATION

Sub: Submission of Preliminary Synopsis for Ph.D Course-2026-27.
Ref: RGUHS Notification No. 1)RGUHS/R&D/Ph.D-Entrance/01/2026-27.
2) RGUHS/R&D/Ph.D-Entrance/02/2026-27 (Revised notification)

Rajiv Gandhi University of Health Sciences will be inviting applications for submission of Preliminary Synopsis from those who are qualified in the Entrance Test conducted on **07/05/2026** for admission to Ph. D course to Medical, Dental, , AYUSH, Pharmacy, Nursing, Physiotherapy and Allied Health Sciences faculties for the academic year **2026-27**. The Preliminary Synopsis Proforma for enrolment of candidate leading to Ph.D along with application form will be hosted on the RGUHS website from **03/07/2026.** The qualified candidate have to download the Preliminary Synopsis application form and filled in soft copy of the application form has to be sent through Email : rd@rguhs.ac.in on or before **23/07/2026** synopsis presentation before the Ph.D Registration committee will be tentatively in the 3 rd week of August 2026.

Note: Kindly do not sent HARD COPIES.

Digitally signed by
ARJUN S ODEYAR
Date: 02-07-2026
15:14:18

REGISTRAR

To,

1. The Principal of all Ph. D Centre affiliated to
   Rajiv Gandhi University of Health Sciences, Bengaluru.

Copy to:-

1. Secretary of Governor Raj Bhavan, Bengaluru -560001.
2. The Principal Secretary to Government Health & Family welfare, Dept (Medical Education), M S building, Dr. B R Ambedkar Veedhi, Bengaluru -560 001.
3. The Members of the Syndicate / Senate / Chairmen of Board of studies/ Academic Council
4. All Sections in the University.
5. P.A to Vice-Chancellor/Registrar/Registrar (Evaluation)/Finance officer.
6. System Analyst
7. Guard file.

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-- ANNEXURE--

SL.NO.		Yes	No
1.	Post – Graduate Degree Certificate		
2.	Consent letter from the guide		
3.	Notification from the University recognizing the guide		
4.	Notification from the University recognizing the department of the institution/college as Ph.D centre		
5.	No Objection certificate form a) Head of the department and the institute, where he/ she is employed. b) Head of the department and Head of the institute, where the candidate intends to pursue the Ph.D course.		
6.	Preliminary Synopsis of the proposed thesis – soft copy only		
7.	Fee paid receipt for Rs. 2,500/-		
8.	Ph.D Entrance Exam result copy with Admission Ticket		
9.	Declaration form candidate and Guide		
10.	Details of No. of students under each Ph.D Guide (Not exceeding 6 students under each guide at a time and 10 students in a Dept)		
11.	Entrance test application		
12.	Certificate of Board Reg.		
13.	Soft Copy		

Note: Attach only attested photocopies of the above mentioned documents.

Produce the Originals at the time of Interview.

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PRELIMINARY SYNOPSIS PROFORMA

AFFIX YOUR PASSPORT SIZE PHOTO

Application for the Registration for the Ph.D degree in the faculty of _____ [Medical/Dental/Pharmacy/AYUSH/Nursing/Pharmacy/Physiotherapy/Allied Health Sciences] as Part Time/Full Time (tick whatever is applicable) scholar_____in the subject_____ Department of _____Ph.D Entrance Exam Register No. _____

1.	Name in full (in capital letters)					
2.	Permanent address in full Mobile No/ Telephone No/E-mail Id/ if any					
3.	Address for correspondence (College Address for Part Time Scholar) Mobile No/Telephone No/ Fax E-mail, if any					
4.	Sex: Caste: Please enclose documents compulsory, if you SC/ST/OBC.					
5.	Nationality					
6.	Date of Birth (in figures)					
7.	Details about Under-Graduate and Post-Graduate degrees					
Sl. No.	Degree	Name of the College / Institution	Year of passing	Subjects studied	Division/ Grade	Percentile
8.	Title of the proposed research work/thesis for Ph.D with a Synopsis of the work to be carried out					
9.	College/Institution in which the candidate proposes to conduct the research work for Ph.D course. (Enclose the latest copyof the affiliation orders issued by RGUHS recognizing the department as Ph.D center)					

10.	Name, Qualifications & Designation of the Guide.	
11.	Age & Date of Retirement	
12.	Whether at present candidate is getting any research fellowship/grant/scholarship? If Yes, i) Name of the University/Institution ii)Year of fellowship/Grant iii)Duration of fellowship/Grant iv)Source of fellowship/Grant v)Value of fellowship/Grant & its tenure	
13.	Furnish the details of your employment and provide NoObjectionCertificatefromconcerned employer	
14.	Amount of the Fees paid [Mention online payment transaction reference number, Receipt No canddate.]	

Note: Enclose all the documents listed in Annexure–I

I hereby declare that all statements made inthis application are true, complete and correct to the best of my knowledge and belief. **I understand that in the event of any information being found false or incorrect, my candidature for Ph.D degree is liable to be cancelled by the University.**

Date:

Place: **Signature of the candidate**

Remarks of the Guide

Signature,

Name and Seal of the Guide

Signature,

Name and Seal of HOD of the Department

Signature, Name and Seal of Head Institution

RajivGandhiUniversityofHealthSciences,Karnataka
4thTBlock,Jayanagar,Bangalore–560041080-
26961920/080-26961937 FAX:26961929

DECLARATION BY THE GUIDE

I_____ here by solemnly and sincerely declare that I am working as _____ in the department of _____ at _____ as permanent full time faculty and I am RGUHS Recognized Ph.D guide in _____subject under _____ faculty and I shall Guide. The Ph.D scholar in _____ subject only.

My date of birth is _____ and age as on date is _____ I am guiding _____ Ph.D Scholars. I hereby give my consent to guide _____ Ph.D. candidate. Further, I state that I am not guiding any Ph.D student of other Universities.

I am guiding

Further,Iam fully aware of the Rules and Regulations of Ph.D Programme of RGUHS. Iwill abide by these rules.If Ideviate from these norms,Iwill be solely held responsible for all the consequences.

I declare that the above candidate is not my relative.*

***Wife,husband,son,adoptedson,stepson,daughter,stepdaughter,grandson,granddaughter,brother,stepbrother,sister,stepsister,nephew,niece,grandniece,grandnephew,uncle,aunt,father,mother,cousin,son-in-law,daughter-in-lawandbrother-in-law**

Place:

Date: SIGNATUREOFTHEGUIDE

RajivGandhiUniversityofHealthSciences,Karnataka

4th T Block, Jayanagar, Bangalore –

DECLARATION BY CANDIDATE

I_____hereby solemnly and sincerely declare that the information furnished by me in the application form and in the enclosures submitted by me are true and correct. I have not deliberately concealed any information. Should it however be found that any information furnished by me is found fraudulent, incorrect or false, I realize that I am liable for criminal prosecution and also agree to forego my course. I also agree to abide by the rules and regulations prescribed for the course by the university from time to time. Further, I state that I am not working in any institution /***I am working at***

From_____tilldate.

****Further I declare that my Ph.D guide is not my relative.****

***Wife, husband, son,adoptedson, stepson, daughter, stepdaughter, grandson, granddaughter, brother, stepbrother, sister, step sister, nephew, niece, grand niece, grand nephew, uncle, aunt, father, mother, cousin, son-in-law, daughter-in-law andbrother-in-law**

Place:

SIGNATURE OF THE CANDIDATE

Date:

Note: Strike out whichever is not applicable.

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Preforma for Registration of topic for Ph.D Thesis (Preliminary Synopsis)

Note: Candidate can only register through RGUHS recognized Ph.D Department &guide

1.	Name of the Candidate and Address(in block letters)	
2.	Name of the Institution where the research is going to be carried (Provide the latest RGUHS notification copy recognizing the Department as Research Center)	
3.	Name of the Faculty	
4	Name of the Guide with Designation, Department. (Provide copy)	
5.	Title of the Research topic	
6.	Brief resume of the intended Research work	
	6.1 a. Need for the study b. Review of literature c. Research question d. Objective of the study e. Material and methods 6.2 a. Source of data b. Method of collection of data(including sampling procedure, If any) c. Operational definitions/Techniques employed 6.3 List ofreferences	
7.	a) Does the study require any investigations or interventions to be conducted on patients/healthy humans or animals? If so, please describe briefly b) Has ethical clearance been obtained from your institution(Copy of the certificate to be attached mandatorily)	

8.	Signature of the Candidate Place: Date:
9.	Remarks by the Guide Signature: Name: Designation: Date: Place:
10.	Details of Co-Guide (Where ever applicable) Signature: Name: Designation: Date: Place:
11.	Remarks of the Head of the Department Signature: Name: Place: Date:
12.	Remarks of the Principal Signature: Name: Place: Date:

DETAILS OF NUMBER OF STUDENTS UNDER EACH GUIDE

FACULTY: Medical /Dental / AYUSH /Pharmacy / Nursing / Physiotherapy / Allied Health Sciences

(Tick what ever is applicable)

DEPARTMENT:

SINO	Ph D Guide Details with Date of Birth	Name of the Students		Ph.D Registration No With Year of Admission (Part time/Fulltime)
1		1		
		2		
		3		
		4		
		5		
		6		
2		1		
		2		
		3		
		4		
		5		
		6		

SIGNATURE OF THE GUIDE **SIGNATURE OF THE HEAD OF THE DEPARTMENT**

Note:

1.	Please provide/furnish the **Department Recognition and Ph.D Guideship letter Issued by the RGUHS.**
2.	If students have discontinued, provide the details along with reasons.
3.	University is not responsible if institutions fail to furnish the details.
4.	Any other relevant documents may be furnished