



Rajiv Gandhi University of Health Sciences, Karnataka

4th T Block, Jayanagar, Bangalore – 560 041

☎ 26961937, FAX: 26961937

No. RGUHS/Ph.D/ORD-UGC/2017-18

Date: 14.05.2019

NOTIFICATION

Sub: Submission of Synopsis for Ph.D Courses (2019-20)

Ref: Ph.D Amendment Regulations No. RGUHS/Ph.D/ORD-UGC/2019
dated: 12-03-2019.

* * * * *

Rajiv Gandhi University of Health Sciences will be inviting applications for submission of Synopsis from those who are **qualified / eligible** from Entrance Test conducted on 27.03.2019 for admission to Ph.D course in **Medical, Dental, AYUSH, Nursing and Pharmacy** faculties for the academic year 2019-20 from **15/05/2019** onwards. The ordinance governing enrolment of candidates leading to Ph.D along with application form will be hosted on the RGUHS website from **15/05/2019**. The eligible candidates have to download the Synopsis application form and filled -in application form has to be submitted to RGUHS along with all documents on or before **15/06/2019**.

For further details, Please refer RGUHS website www.rguhs.ac.in / Department of Research and Development (Ph.D Programmes).

By order,


REGISTRAR

To,

1. The Principals of colleges affiliated (Ph.D Centre) to Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka

Copy to:

1. Secretary to Governor Raj Bhavan, Bangalore – 560 001.
2. The Principal, Secretary to Government Health & Family Welfare, Dept (Medical Education) M.S. Building Dr. B.R. Ambedkar Veedhi, Bangalore – 560 001.
3. The members of the Syndicate/Senate/Chairmen of Boards of Studies/Academic Council.
4. All Officers in the university.
5. P.A to Vice – Chancellor / Reg/ Reg (Eva)/ F.O.R.
6. Guard File.



Rajiv Gandhi University of Health Sciences, Karnataka

4th T Block, Jayanagar, Bangalore – 560 041

☎ 26961937, FAX: 26961937

No. RGUHS/Ph.D/ORD-UGC/2017-18

Date: 14.05.2019

NOTIFICATION

Sub: Submission of Synopsis for Ph.D Courses (2019-20)

Ref: Ph.D Amendment Regulations No. RGUHS/Ph.D/ORD-UGC/2019
dated: 12-03-2019.

Rajiv Gandhi University of Health Sciences will be inviting applications for submission of Synopsis from those who are **qualified / eligible** from Entrance Test conducted on 27.03.2019 for admission to Ph.D course in **Medical, Dental, AYUSH, Nursing and Pharmacy** faculties for the academic year 2019-20 from **15/05/2019** onwards. The ordinance governing enrolment of candidates leading to Ph.D along with application form will be hosted on the RGUHS website from **15/05/2019**. The eligible candidates have to download the Synopsis application form and filled -in application form has to be submitted to RGUHS along with all documents on or before **15/06/2019**.

For further details, Please refer RGUHS website www.rguhs.ac.in / Department of Research and Development (Ph.D Programmes).

By order,

REGISTRAR

To,

1. The Principals of colleges affiliated (Ph.D Centre) to Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka

Copy to:

1. Secretary to Governor Raj Bhavan, Bangalore – 560 001.
2. The Principal, Secretary to Government Health & Family Welfare, Dept (Medical Education) M.S. Building Dr. B.R. Ambedkar Veedhi, Bangalore – 560 001.
3. The members of the Syndicate/Senate/Chairmen of Boards of Studies/Academic Council.
4. All Officers in the university.
5. P.A to Vice – Chancellor / Reg/ Reg (Eva)/ F.O.R.
6. Guard File.

PRELIMINARY SYNOPSIS PROFORMA

**Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block, Jayanagar, Bangalore-560 041**

**AFFIX YOUR
PASSPORT SIZE
PHOTO**



Application for the Registration for the Ph.D Degree in the faculty of _____
[Medical/Dental/Pharmacy/Indian System of Medicine/Nursing]
as **Part time / Full time Scholars** _____ in the Subject _____
Department of _____.
Ph.D Entrance Exam Register No. _____.

1.	Name in full (in capital letters)					
2.	Permanent address in full Telephone No, Fax, e-mail, if any					
3.	Address for correspondence (College Address for Part Time Scholar) Telephone No, Fax, e-mail, if any					
4.	Sex Caste: Please enclose the 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	Percentage of Marks
8.	Title of the proposed research work/thesis for Ph.D with a Synopsis of the work to be carried out (enclose three copies of the Synopsis)					

9.	College/Institution in which the candidate proposes to conduct the research work for Ph.D course. (Enclose copy of the affiliation orders issued by RGUHS recognizing the department as Ph.D center)	
10.	Name, Qualifications & Designation of the Guide, who will be guiding the candidate	
11.	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	
12.	Furnish the details of your employment and provide No Objection Certificate from concerned employer	
13.	Amount of the Fees paid [mention Challan/Receipt No. and date]	

NOTE: Enclose all the documents listed in Annexure-I

I hereby declare that all statements made in this 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

Signature, Name and Seal of Head of the Institution

ANNEXURE-I

		Yes	No
1.	All Year Degree Marks Cards		
2.	Graduate Degree Certificate/Pharm-D Certificate/Pharm-D(PB) certificate		
3.	Post-Graduate Degree Marks Cards		
4.	Post-Graduate Degree Certificate		
5.	Consent letter from the guide		
6.	Notification from the University recognizing the Guide		
8.	Notification from the University recognizing the department of the Institution /College as Ph.D centre.		
9.	No Objection certificate from a) Head of the department and Head of 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		
10.	Preliminary Synopsis of the proposed thesis - Six copies		
11.	Photograph of the candidate		
12.	Fee paid receipt for Rs.2500/-		
13.	Ph.D Entrance Exam Result copy with Admission Ticket		
14.	Declarations from Candidate and Guide		
15.	Details of No of Students under each Ph.D Guide		

Note: Attach only attested photocopies of the above mentioned documents. Produce the originals at the time of Interview.



Rajiv Gandhi University of Health Sciences, Karnataka
4th T Block, Jayanagar, Bangalore - 560 041
☎ 080-26961920 /080-26961937, FAX: 26961929

DECLARATION BY THE GUIDE

I _____ hereby 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**.

My date of birth is _____ and age _____. As on
Date, I am guiding _____ Ph.D scholars. Further, I state that I am not guiding any
Ph.D student of other Universities.

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

Place:

SIGNATURE OF THE GUIDE

Date:



Rajiv Gandhi University of Health Sciences, Karnataka
4th T Block, Jayanagar, Bangalore – 560 041

☎ 080-26961920 /080-26961937, FAX: 26961929

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 in material particulars, 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* _____ *till date.*

Place :

SIGNATURE OF THE CANDIDATE

Date:

Note: Strike out whichever is not applicable.

DETAILS OF NUMBER OF STUDENTS UNDER EACH Ph.D GUIDE

FACULTY : MEDICAL \ DENTAL \ AYURVEDA \ PHARMACY \ NURSING

DEPARTMENT:

Sl No	Ph.D Guide Details with Date of Birth	Name of the Students	Year of Admission (Part time / Full time)
1		1	
		2	
		3	
		4	
2		1	
		2	
		3	
		4	
3		1	
		2	
		3	
		4	

SIGNATURE OF THE HEAD OF INSTITUTION

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 to be furnished.

Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block, Jayanagar, Bangalore-560 041
Proforma for Registration of topic for Ph.D Thesis
(Preliminary Synopsis)

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

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

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