



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

RGUHS/AR/Ph.D ET/Pre-Sy/04/2022-23

Date: 16.07.2022

NOTIFICATION

Sub: Submission of Preliminary Synopsis for Ph.D Courses – 2022 – 23.

Ref: 1. RGUHS Notification No. RGUHS/R&D/Ph.D-Entrance/02/2021 – 22, dated 10.03.2022.
2. RGUHS/AR/Ph.D ET/Pre-Sy/04/2022-23 dated 07/06/2022.

In continuation of this University notification dated 07/06/2022 under reference (2) above, submission of Preliminary Synopsis from those who are selected from Entrance Test conducted on 04.05.2022 for admission to Ph.D course in **Medical, Dental, AYUSH, Nursing, Pharmacy, Physiotherapy and Allied Health Sciences** faculties for the academic year 2022 – 23 **has been extended from 15.07.2022 to 25.07.2022**. The Preliminary Synopsis Proforma for enrolment of candidates leading to Ph.D along with application form is available on the RGUHS website. The selected candidates have to download the Preliminary Synopsis application form and filled in application form has to be submitted to RGUHS along with all documents on or before 25.07.2022. Soft Copy of the same will be sent through Email to rguhs.rd@gmail.com mandatorily.

Sd/-

Director Advanced Research

To,

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

Copy to:

1. Secretary to Governor Raj Bhavan, Bengaluru – 560 001.
2. The Principal Secretary to Government Health and 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 Officers in the University.
5. P. A to Vice – Chancellor / Reg / Reg (Eva) / FO.
6. Guard File.

PRELIMINARY SYNOPSIS PROFORMA ANNEXURE

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/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 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
the Institution**

**Signature, Name and Seal of Head of
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/letter from the University recognizing the guide		
7.	Notification from the University recognizing the department of the institution /College as Ph.D centre.		
8.	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		
9.	Preliminary Synopsis of the proposed thesis – six copies		
10.	Photograph of the candidate		
11.	Fee paid receipt for Rs. 2500/-		
12.	Ph. D Entrance Exam Result copy with Admission Ticket		
13.	Declarations from Candidate and Guide		
14.	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/preliminary synopsis presentation.



Rajiv Gandhi University of Health Sciences, Karnataka

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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. 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.

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.

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

***Wife, husband, son, adopted son, 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 and brother-in-law**

Place:

Date:

SIGNATURE OF THE GUIDE



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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 an institution / ***I am working at*** _____

_____ ***From*** _____ ***till date.***

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

***Wife, husband, son, adopted son, 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 and brother-in-law**

Place:

SIGNATURE OF THE CANDIDATE

Date:

Note: Strike out whichever is not applicable.

DETAILS OF NUMBER OF STUDENTS UNDER EACH GUIDE

**FACULTY : Medical / Dental / Ayurveda / Pharmacy / Nursing / Physiotherapy / Allied Health Sciences
(Tick whatever is applicable)**

DEPARTMENT :

Sl	Ph D Guide Details with Date of Birth	Name of the Students	Year of Admission (Part time / Full time)
1		1	
		2	
		3	
		4	
		5	
		6	
2		1	
		2	
		3	
		4	
		5	
		6	

SIGNATURE OF THE HEAD 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 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 (Lqeuna) 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 briefly b) Has ethical clearance been obtained from your institution (Copy of the certificate to be attached)	

8.	<p>Signature of the Candidate</p> <p style="text-align: center;">Place: Date:</p>
9.	<p>Remarks by the Guide</p> <p style="text-align: center;">Signature: Name: Designation: Date: Place:</p>
10.	<p>Details of Co-Guide (Where ever applicable)</p> <p style="text-align: center;">Signature: Name: Designation: Date: Place:</p>
11.	<p>Remarks of the Head of the Department</p> <p style="text-align: center;">Signature: Name: Place: Date:</p>
12.	<p>Remarks of the Principal</p> <p style="text-align: center;">Signature: Name: Place: Date:</p>