



Rajiv Gandhi University of Health Sciences, Karnataka

4th T Block, Jayanagar, Bangalore – 560 041

26961937, FAX: 26961931

RGUHS/AR/Ph.D ET/Pre-Sy/02/2023-24

Date: 30.06.2023

NOTIFICATION

Sub: Submission of Preliminary Synopsis for Ph.D Courses – 23 – 24.

Ref: RGUHS Notification No. RGUHS/AR/Ph.D-Entrance/02/2023 – 24,
dated 09.03.2023.

Rajiv Gandhi University of Health Sciences will be inviting applications for submission of Preliminary Synopsis from those who are selected from Entrance Test conducted on 04.05.2023 for admission to Ph. D course in **Medical, Dental, AYUSH, Nursing, Pharmacy, Physiotherapy and Allied Health Sciences** faculties for the academic year 2023 – 24 from 01.07.2023 onwards. The Preliminary Synopsis Proforma for enrolment of candidates leading to Ph .D along with application form will be hosted on the RGUHS website from 01.07.2023. The selected candidates have to download the Preliminary Synopsis application form and filled in hard copy of the application form has to be submitted to RGUHS along with all documents on or before 31.07.2023. Soft Copy of the same shall be sent through Email to rguhs.rd@gmail.com mandatorily.

Synopsis presentation before the Ph. D Registration Committee will be tentatively in the 3rd week of August 2023 and commencement of the session will be from September – 2023.

**Sd/-
Registrar**

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 | Percentile |
| | | | | | | |
| 8. | Title of the proposed research work/thesis for Ph.D with a Synopsis of the work to be carried out (enclose six 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 online payment transaction reference number, 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 /sheis employed. b).Head of the department and Head of the institute, where thecandidate 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.



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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 any 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 / AYUSH / Pharmacy / Nursing / Physiotherapy / Allied Health Sciences

(Tick whatever is applicable)

DEPARTMENT:

| SI 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 | |
| | | 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 |

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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 NCISM) | |
| 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 a. Source of data b. Method of collection of data (including sampling procedure, if any) c. 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 mandatorily) | |

| | |
|-----|---|
| 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 Principal</p> <p>Signature: Name: Place: Date:</p> |