



**Rajiv Gandhi University of Health Sciences, Karnataka**  
**4<sup>th</sup> T Block, Jayanagar, Bangalore – 560 041**

RGUHS/R&D/Ph.D/PRE-SY/2020-21/01

Date: 05-06-2020

**NOTIFICATION**

**Sub :** Submission of Synopsis for Ph.D Courses - 2020-21

**Ref :** PhD Revised Ordinance No.RGUHS/Ph.D/ORD-UGC/2019 DATED  
03-01-2020

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 06-03-2020 for admission to Ph.D course in **Medical, Dental, AYUSH, Nursing and Pharmacy** faculties for the academic year 2020-21 from 06-06-2020 onwards. The ordinance governing enrolment of candidates leading to Ph. D along with application form will be hosted on the RGUHS website from 06-06-2020. 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 06-07-2020

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

By Order

Sd/-

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 - 560001.
2. The Principal Secretary to Government Health and Family welfare Dept(Medical Education) M.S. Building Dr. B R Ambedkar Veedhi, Bangalore - 560001.
3. The Members of the Syndicate/Sanate/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

4<sup>th</sup> '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  
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.



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

**DECLARATION BY THE GUIDE**

I \_\_\_\_\_ hereby solemnly and sincerely declare that I  
am working \_\_\_\_\_ in the department of  
\_\_\_\_\_ at \_\_\_\_\_ as  
**permanent full time faculty** and that 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:



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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 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 GUIDE

FACULTY : MEDICAL \ DENTAL \ AYURVEDA \ PHARMACY \ NURSING

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	
2		1	
		2	
		3	
		4	
3		1	
		2	
		3	
		4	

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

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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 CCIM)	
5.	Title of the Research topic	
6.	Brief resume of the intended Research work	
	6.1 Need for the study (Lqeuana)  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>