



RajivGandhiUniversityofHealthSciences,Karnataka
4thTBlock,Jayanagar,Bangalore-
56004126961937, FAX:26961931

RGUHS/AR/Ph.DET/Pre-Sy/03/2024-25

Date:06.08.2024

NOTIFICATION

Sub:Submissionof PreliminarySynopsis for Ph.DCourses–2024–25.

Ref:RGUHSNotificationNo.RGUHS/AR/Ph.D-Entrance/03/2024–25,
dated07.08.2024.

Rajiv Gandhi University of Health Sciences will be inviting applications for submission ofPreliminarySynopsis from thosewhoarequalified in the Entrance Test conducted on 04.05.2024for admission to Ph. D course in **Medical, Dental, AYUSH, Nursing, Pharmacy, Physiotherapy andAllied Health Sciences** faculties for the academic year **2024–2025** from **07/08/2024** onwards. ThePreliminary Synopsis Proforma for enrolment of candidates leading to Ph .D along with applicationform isbehosted on the RGUHS website from **07.08.2024**. The qualified candidateshave todownload the Preliminary Synopsis application form and filled in **soft copy** of the application formhas to be sent throughEmail torguhsrd@gmail.comon or before **10.09.2024**.

Synopsis presentation before the Ph. D Registration Committee will be tentatively in the **1st weekofOcotober2024**.

Note: Kindly do not sent HARD COPIES.

**Sd/-
Registrar**

To,

- 1.Theprincipalsof all Ph.DCentre affiliatedtoRajivGandhiUniversity ofHealthSciences,Bengaluru,Karnataka.

Copyto:

1. SecretarytoGovernorRajBhavan,Bengaluru– 560001.
2. ThePrincipalSecretarytoGovernment Health and FamilywelfareDept (Medical Education) M. S.BuildingDr.BRAMbedkarVeedhi,Bengaluru – 560001.
3. TheMembersoftheSyndicate/Senate/ChairmenofBoardofStudies/AcademicCouncil.
4. AllOfficersintheUniversity.
5. P. Ato Vice–Chancellor/Reg/ Reg(Eva)/FO.
6. GuardFile.

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/Fulltime (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 Category: 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					

194307/2024/RGUHS ADVANCE RESEARCH

9.	College/Institution in which the candidate proposes to conduct the research work for Ph.D course. (Enclose the latest copy of the affiliation orders issued by RGUHS recognizing the department as Ph.D center)	
----	---	--

10.	Name, Qualifications & Designation of the Guide.	
11.	Date of Retirement	
12.	Whetheratpresentcandidateisgettinganyresearchfellowship/grant/scholarshipIfYes, i)NameoftheUniversity/Institutionii)Yearoffellowship/Grant iii)Duration offellowship/Grant iv)Source offellowship/Grantv)Valueoffellowship/Grant&istenure	
13.	Furnish the details of your employment and provide NoObjectionCertificatefromconcerned employer	
14.	AmountoftheFeespaid [Mentiononlinepaymenttransactionreferencenumber, ReceiptNo.anddate.]	

Note:EncloseallthedocumentslistedinAnnexure-I

I hereby declare that all statements made inthis application are true, complete and correct tothe best of myknowledgeand belief. **I understand that in the event of any information beingfoundfalseorincorrect,mycandidatureforPh.DdegreeisliabletobecancelledbytheUniversity.**

Date:

Place:

Signature ofthecandidate

RemarksoftheGuide

**Signature,
NameandSealoftheGuide**

**Signature,NameandSeal of HOD
oftheInstitution**

**Signature, Name and Seal of Head
Institution**

ANNEXURE-I

		Yes	No
1.	Post-Graduate/Pharm-DDegreeMarksCards.		
2.	Post-Graduate/Pharm-DDegreeCertificate.		
3.	Consentletterfromtheguide.		
4.	Notification/letterfromtheUniversityrecognizingtheguide.		
5.	NotificationfromtheUniversityrecognizingthedepartmentoftheinstitution /CollegeasPh.Dcentre.		
6.	NoObjectioncertificatefrom a).Head ofthedepartment and Headofthe institute ,wherehe/sheis employed.b).HeadofthedepartmentandHeadoftheinstitute,wherethecandidate intendstopursuethePh.DCourse.		
7.	PreliminarySynopsisoftheproposedthesis		
8.	Photographofthecandidate.		
9.	FeepaidreceiptforRs.2500/-		
10.	Ph.DEntranceExamResultcopywithAdmissionTicket.		
11.	DeclarationsfromCandidateandGuide.		
12.	DetailsofNoofstudentsundereachPh.DGuide.		
13.	Declaration by the Head of the institution regarding total number of Research Scholars pursuing Ph.D in the institution (Department wise)		

Note:Attachonlyattestedphotocopiesoftheabovementionedd documents.Producetheoriginal satthetimeofInterview/preliminarysynopsispresentation.



Rajiv Gandhi University of Health Sciences, Karnataka

4th TB Block, Jayanagar, Bangalore-560041080-
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 a permanent full-time faculty and I am RGUHS recognized Ph.D Guide in
_____ subject and _____ faculty.

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.

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, stepsister, nephew, niece, grandniece, grandnephew, uncle, aunt, father, mother, cousin, son-in-law, daughter-in-law and brother-in-law**

Place:

Date:

SIGNATURE OF THE GUIDE



Rajiv Gandhi University of Health Sciences, Karnataka

**4th T Block, Jayanagar, Bangalore –
560041080-26961920/080-
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 enclosure 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:

SINO	Ph D Guide Details with Date of Birth	Name of the Students	Ph.D Registration No. With Year of Admission (Parttime/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 Guide ship 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

RajivGandhiUniversityofHealthSciences,Karnataka4'

h'T'Block,Jayanagar,Bangalore-560041

ProformaforRegistration oftopic

forPh.DThesis(PreliminarySynopsis)

Note:CandidatecanonlyregisterthroughRGUHSrecognizedPh.DDepartment &guide

1.	NameoftheCandidateandAddress(inblock letters)	
2.	Nameof theInstitutionwheretheresearchis goingtobecarried (Provide the latest RGUHS NotificationcopyrecognizingtheDepartmentasResearchCenter)	
3.	Nameof theFaculty	
4.	Name of the Guide with Designation,Department.(Providecopy)	
5.	Title oftheResearchtopic	
6.	Briefresumeoftheintended Researchwork	
	6.1Needforthestudy a. Reviewofliterature b. Researchquestion c. Objectiveofthestudy d. Materialand methods 6.2 a. Sourceofdata b. Method ofcollectionofdata(includingsamplingprocedure,ifany) c. Operationaldefinitions/Techniquesemployed 6.3 List ofreferences	
7.	a) Does the studyrequireanyinvestigationorinterventionstobeconductedonpatients/healthyhumansoranimals? Ifso,pleasedescribebriefly b) Hasethicalclearancebeenobtainedfromyourinstitution(Copyofthecertificate tobetobeattachedmandatorily)	

8.	<p>SignatureoftheCandidate</p> <p>Place: Date:</p>
9.	<p>RemarksbytheGuide</p> <p>Signature: Name: Designation: Date: Place:</p>
10.	<p>DetailsofCo-Guide(Whereeverapplicable)</p> <p>Signature: Name: Designation: Date: Place:</p>
11.	<p>Remarks oftheHeadofthe Department</p> <p>Signature: Name: Place: Date:</p>
12.	<p>Remarks ofthePrincipal</p> <p>Signature:Na me:Place: Date:</p>



RajivGandhiUniversityofHealthSciences,Karnataka

4thTBlock,Jayanagar,Bangalore-560041080-
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 that I am RGUHS recognized Ph.D Guide in _____ subject and _____ faculty.

My date of birth is _____ and age as on Date is _____, I am guiding _____ Ph.D scholars. I hereby give my consent to guide to guide _____ Ph.D candidate. Further, I state that I am not guiding any Ph.D students 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,adoptedson,stepson,daughter,stepdaughter,grandson,granddaughter,br other,stepbrother,sister,stepsister,nephew,niece,grandniece,grandnephew,uncle,aunt,father,mother,cousin,son-in-law,daughter-in-lawandbrother-in-law**

Place:

Date:

SIGNATURE OF THE GUIDE