



THESIS PROTOCOL OUTLINE

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PROTOCOL OF THESIS
to be submitted to the
Bareilly International University, Bareilly
for the Degree of
DOCTOR OF MEDICINE/MASTER OF SURGERY
(SPECIALITY)
(Session Year - Year)



TITLE OF THE STUDY
Rohilkhand Medical College & Hospital
Bareilly, U.P. (INDIA)

Name of the Candidate
Address

BIODATA OF THE CANDIDATE

Name :

Father's Name :

Date of Birth :

Mailing Address :

Permanent Address :

Contact Number :

Permanent Registration

Number with Date :

Educational Qualification:

Qualification	Year of Passing	Board/University

PG Course:

Date of Joining:

Name of the Institute:

DEPARTMENT OF

Rohilkhand Medical College & Hospital, Bareilly

(Affiliated to Bareilly International University, Bareilly)



DECLARATION BY THE CANDIDATE

I hereby declare that this thesis protocol entitled
“.....”
.....” will be a bonafide and genuine research work carried out by me
under the supervision of(*Supervisor’s Name & Designation, department of*)
....., Rohilkhand Medical College & Hospital, Bareilly, U. P. for partial fulfilment
of the regulations for the Award of the degree of **Doctor of Medicine/Master of Surgery**
in

Date:

Signature of the Candidate

(Name of Candidate)

Certificate by Head of the Department

DEPARTMENT OF

Rohilkhand Medical College & Hospital, Bareilly

(Affiliated to Bareilly International University, Bareilly)

This is to certify that the research work entitled
“.....” has been allotted to
....., a bonafide post graduate student of Department of
..... for partial fulfilment of the regulations for the
Award of the degree of Doctor of Medicine/ Master of Surgery in

All the necessary facilities and support will be provided to the candidate to conduct the research work in the department. The topic has not been allotted earlier in the department/Institution.

Date:

Signature

(Name)

Professor & Head

Department of

Rohilkhand Medical College, Bareilly

Certificate by the Supervisor/ Co-Supervisor

DEPARTMENT OF

Rohilkhand Medical College & Hospital, Bareilly

(Affiliated to Bareilly International University, Bareilly)

This is to certify that the facilities for the research workentitled “.....”allotted to (Name of the Candidate) under my/our supervision and guidance do exist in the department of, Rohilkhand Medical College & Hospital, Bareilly.

I/we will ensure the authenticity of research methodology which conforms to the standards of Bareilly International University.

Supervisor

Signature

Name with Degree

Designation

Department

Rohilkhand Medical College & Hospital, Bareilly

Co-Supervisors

Signature

Name with Degree

Designation

Department of

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Signature

Name with Degree

Designation

Department of

Rohilkhand Medical College, Bareilly

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- **Other technicalities :**
- **Five copies to be submitted**
- **Pages : Generally should not exceed 13**
- **Font size :12**
- **A4 size paper**
- **Line spacing : Double space**
- **Margins: At least 2.5 cm on both sides**

- **MATERIAL AND METHODS – will be covered under following headings**
- **Place of study:**
- **Type of Study:**
- **Study Duration:**
- **Subjects:**
- **Sample size:**
- **Inclusion criteria**
- **Exclusion criteria:**
- **Intervention/procedure:**
- **Statistical Analysis**