Font: Time New Roman
Text Font: 12 pts
Line spacing: 1.5 cm
Heading font: 14 pts Bold
Subheading Font: 12pts Bold

TITLE OF THESIS PLAN

THESIS PROPOSAL SUBMITTED TO SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR TOWARDS PARTIAL FULFILLMENT OF REQUIREMENT

FOR THE AWARD OF

MASTER OF SURGERY/ DOCTOR OF MEDICINE

IN

SPECIALIZATION NAME

BY

STUDENT NAME

SUPERVISOR

NAME

DEPARTMENT OF ……..

SRI GURU RAM DAS INSTITUTE OF MEDICAL SCEINCES AND RESEARCH

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, VALLAH SRI AMRITSAR

YEAR

To

The Registrar,
Sri Guru Ram Das University of Health Sciences,
Sri Amritsar.

Subject: Submission of Thesis Plan

Sir,

I am submitting my thesis plan entitled, **"……."** required in partial fulfillment for the award of …… in subject of …….. for your kind approval.

Thanking you

Yours faithfully,

Department of

APPLICATION FORM FOR APPROVAL OF SUBJECT OF THESIS FOR MD/MS (…..) OF SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

Name of the student (Capital letters)		
Father's Name		
Mother's Name		
E-mail id		
Mobile Number		
Permanent Residential Address		
Date of Joining Postgraduate Degree		
MBBS	**Month and Year of Passing**	
	Institution	
	University	
Signature of Candidate		

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCEINCES, AMRITSAR

CERTIFICATE OF FACILITIES AVAILABLE

This is to certify that facilities for work on the subject of thesis titled "……..……" exists at Sri Guru Ram Das Institute of Medical Sciences and Research, SGRDUHS, Amritsar and will be provided to the candidate. We will see that the data being included in the thesis are genuine and is collected by the candidate himself/herself under our supervision and guidance. The research project has been thoroughly discussed in the Department of ……

Name and Signature of Head of Department

Name and Signature of Supervisor

Name and Signature of Co-Supervisor

Signature of Director Principal

DECLARATION BY THE CANDIDATE

I, ……..hereby declare that the work embodied in the thesis entitled“…….. ……” will be an original work carried out by me under the guidance of my supervisor Dr…… and Co-supervisors Dr ……. in the Department of ……

Name and Signature

(Name of the Department_____)

Ref. No: Date:

Cost Analysis Form

Certified that the study entitled_____

_____

Involves only such investigations and / or treatment, which are relevant in the management of patients and has no extra cost implications to the patient.

Name of candidate: _____

Name of Supervisor: _____

Name of Co- Supervisor(s): _____

_____

Signature of Candidate

_____

Signature of Supervisor

CERTIFICATE OF DEPARTMENT CLEARANCE

This is to certify that the plan of thesis _____

_____has been discussed in the Department of _____and approved by whole of the faculty of the department. The plan writing is satisfactory.

Signature, Name & Designation of Supervisor

Signature, Name & Designation of Co-Supervisor

APPROVAL PROFORMA

FOR RESEARCH & ETHICAL COMMITTEE
SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, AMRITSAR

Name of Candidate	
Department	
Topic of Thesis	
Likely date of appearing for PG Exam	
Date of enrolment	
Head of Department	
Supervisor	
Co-Supervisor	
Signature of Members of Research Committee with Stamp	**Signature of Members of Ethics Committee with Stamp**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5
6.	6.
7.	7.

Approved: Yes / No **Approved: Yes /No**

Chairperson **Chairperson**

ABSTRACT PLAN OF THESIS

Title	
For the degree of	
Name of the Candidate	
Name and Address of the Supervisor	
Name and Address of the Co. Supervisor	
Department and Institution	

The abstract should not exceed more than 250-300 words and it has to be typed single space and includes:

Introduction 1-2 lines (25-50 words)

Aims and Objectives-25-50 words.

Methodology-80-100 words

Significance of the study 80-100 words.

1.0. Title of thesis:

- The title should be in capital letters.
- It should be concise, specific and reflect the proposed project to be undertaken (<25 words).
- No Abbreviations should not be used.

2.0. Introduction (1-2 pages)

- This section should highlight the scope and significance of the proposed project work along with the knowledge gaps.
- Conclude this section by stating how the proposal plans to answer the question which should be focused, measurable, achievable and precise.
- Rationale of the study/Research Question.

3.0. Review of literature (4-5 pages)

- An up-to-date and comprehensive review of literature-
  Indicating history, developments relating to the topic of the proposed project should be given.
- Findings of the 7-15 research study (Chronological order)

4.0. Aims and Objectives

- Concise and Clear

5.0. Materials and Methods

5.1. Materials to be used along with source:

This section should mention the details of the work to be carried out under following heads:

Setting:

a. **Study Design**:
b. **Study Participants**:
c. **Duration of study**:
d. **Sample size and its calculation**:
e. **Inclusion criteria**:
f. **Exclusion criteria**:

6.1. Observations to be recorded

6.2. Statistical analysis: Data will be compiled and statistically analysed using descriptive and inferential statistics and valid conclusions will be drawn.

7.0. References (15-25)

- Should be recent references not older than 5 Years

- If topic includes history than older 3-4 references will be accepted.
- All the references used in preparing the plan of thesis should be listed at the end as per the **Vancouver style**.

Recommendations and forwarding:

The supervisor/co-supervisor of the student shall sign the plan of thesis with date and place before its submission to the concerned head of Department for transmission to Chairman, Institutional Research Committee for processing of plan for approval.

***= Proper consent form duly approved by Sri Guru Ram Das University of Health Sciences in a language understood by the participant in the study must be filled and got signed by the participant. This must be verified by the supervisor and maintained in a file by the concerned department till the results are published.**

Important Note:

- Patient information sheet filled by all the students
- Informed consent document included in the study if participants age more than 18 years.
- If study participants age less than 18 years than students should select the following as per the study design:
    A. Consent form for parent/ legally acceptable representative (LAR)
    B. Assent form to participate in clinical research.

INFORMED CONSENT DOCUMENT (ICD) PART-I

Patient / Participant information sheet

INFORMATION FOR PARTICIPANTS OF THE STUDY

Instructions –

Patient information sheet includes the introduction and significance/outcome of the study.

- Title of the project
- Name of the Supervisor
- Purpose of this project/study
- Procedure/methods of the study
- Expected duration of the subject participation
- The benefits to be expected from the research to the participant or to others
- Any risks expected from the study to the participant
- Maintenance of confidentiality of records
- Freedom to withdraw from the study at any time during the study period without the loss of benefits that the participant would otherwise be entitled

Signature of the Supervisor:

Signature of the participant:

Place:

Date :

INFORMED CONSENT DOCUMENT (ICD) PART-2

INFORMED CONSENT FORM

Title of the project:

Participant's name:

Address:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I confirm that I have understood about the compensation and the risks and benefits involved in this research. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving any reason, and without my routine medical care in this hospital being affected. I understand that confidentiality of my identity will be maintained during the research period, after its completion as well as during publication of the results. Only investigator, ethics committee, institutional or regulatory authorities may have access to my information when required.

I have been given a copy of information sheet giving details of the study.

I volunteer to participate in the above-mentioned study.

(I also consent/do not consent to use of my stored biological samples or related data for future scientific purposes, if applicable)

(I also consent/do not consent to be contacted over telephone for study purposes/ knowing the results – if applicable)

Name and Signature/thumb impression of the participant: _____Date: _____

Signature of the witness with date: _____ Date: _____

Name and address of the witness for illiterate participants:

Signature of the investigator with date: _____Date: _____

CONSENT FORM FOR PARENT/ LEGALLY ACCEPTABLE REPRESENTATIVE (LAR)

(for participants less than 18 years of age and for patients who cannot consent)

Title of the project:

Participant's name:

Address:

Parent/LAR' s name:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I confirm that I have understood about the compensation and the risks and benefits involved in this research. I understand that my child's/ward's participation in the study is voluntary and that I am free to withdraw at any time without giving any reason, and without my child's/ward's routine medical care in this hospital being affected. I understand that confidentiality of my child's/ward's identity will be maintained during the research period, after its completion as well as during publication of the results. Only investigator, ethics committee, institutional or regulatory authorities may have access to my my child's/ward's information when required. I have been given a copy of information sheet giving details of the study. I volunteer my child/ward to participate in the above mentioned study.

Verbal assent taken for children 7-12 year of age: Yes/No

(I also consent/ do not consent to use of my child's/ward's stored biological samples or related data for future scientific purposes, if applicable)

(I also consent / do not consent to be contacted over telephone for study purposes/ knowing the results – if applicable)

Name and Signature/thumb impression of the parent/LAR: _____Date: _____

Signature of the witness with date: _____ Date: _____

Name and address of the witness for illiterate participants:

Signature of the investigator with date: _____Date: _____

ASSENT FORM TO PARTICIPATE IN A CLINICAL RESEARCH

(for children above 12 years and below 18 years of age)

Child Participant's name:

Date of birth/Age:

Parent/LAR' s name:

Address:

Title of the project:

We are doing a research study about .....(purpose in simple language). In this study we will be ..... (description of the study - Procedures, Drugs to be used, risks, discomfort, in simple language). The possible benefits from this study might be ..... (details of possible benefits of participation) If you do not want to be in this research study, we will tell you other options (for research projects that offer treatment or intervention). When we are complete the study, we will write a report about what was learned. This report will not include your name or that you were in the study. You can be in this study if you want to be. If you decide to stop after we begin, that's fine too. Your parents know about the study too. If you decide you want to be in this study, please sign your name.

I, _____, want to be in this research study.

Signature of the child participant: Date:

(If child knows to sign/Thumb impression)

Signature of the parent or guardian: Date:

Name and address of the witness:

Signature of the witness: Date:

Signature of the Investigator: Date:

(Assent form should be accompanied by patient / participant information sheet for children in a simple language comprehensible to a child of 7-18 years; Language used should be simpler for children in the age group 7-12 years compared to children in the age group >12-18 years)

शोध अध्ययन में भागीदारी के लिए सहमति

मैं

.....
....
.....
.....
..... सभी अध्ययन और प्रशिक्षण कार्यक्रम को मुझे उस भाषा में अच्छी तरह समझाया गया है जिसे मैं सबसे अच्छा समझ सकता हूं। मुझे अध्ययन में भाग लेने के लिए कोई मुआवजा या भुगतान नहीं दिया जाएगा। जब इस शोध के परिणाम सम्मेलनों में प्रकाशित या चर्चा की जाती हैं, तो मेरी पहचान प्रकट करने वाली कोई भी जानकारी प्रकट नहीं की जाएगी। मैं इस अध्ययन से किसी भी समय और किसी भी कारण से वापस ले सकता हूं। मैं इस फॉर्म पर हस्ताक्षर करके अपने किसी भी कानूनी अधिकार को नहीं छोड़ रहा हूं।

प्रतिभागी का हस्ताक्षर

तारीख:

जांचकर्ता का हस्ताक्षर

ਖੋਜ ਦੇ ਅਧਿਐਨ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਸਹਿਮਤੀ

ਮੈ_____,_____ਦਾ..ਬੇਟਾ _____
_____ ਦਾ ਨਿਵਾਸੀ ਇਸ ਵਿਚ ਹਿੱਸਾ ਲੈ ਰਿਹਾ ਹਾਂI ਖੋਜ ਅਭਿਆਸ ਦੀ ਸਵੈ-ਇੱਛਾ ਨਾਲ, ਅਤੇ ਇਸ ਤਰ੍ਹਾਂ ਕਰਨ ਦਾ ਮੇਰਾ ਫੈਸਲਾ ਕਿਸੇ ਵੀ ਤਰਾ ਨਾਲ ਇਸ ਸੰਸਥਾ ਵਿੱਚ ਮੇਰੇ ਇਲਾਜ ਨੂੰ ਪ੍ਰਭਾਵਤ ਨਹੀਂ ਕਰੇਗਾ। ਪੂਰੇ ਅਧਿਅਨ ਅਤੇ ਇਸ ਦੀਆਂ ਪ੍ਰਕ੍ਰਿਆਵਾਂ ਨੇ ਮੇਰੀ ਭਾਸ਼ਾ ਦੀ ਚੰਗੀ ਤਰ੍ਹਾਂ ਵਿਆਖਿਆ ਕੀਤੀ ਹੈ ਜੋ ਮੈਂ ਸਭ ਤੋਂ ਚੰਗੀ ਤਰ੍ਹਾਂ ਸਮਝ ਸਕਦਾ ਹਾਂ। ਮੈਂ ਸਮਝਦਾ/ਸਮਝ ਦੀ ਹਾਂ ਕਿ ਇਸ ਪ੍ਰਕਿਰਿਆ ਵਿਚ ਜੋਖਮ ਕੋਈ ਨਹੀਂ ਜਾਂ ਘੱਟੋ ਘੱਟ ਹਨ। ਮੈਨੂੰ ਅਧਿਐਨ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਕੋਈ ਮੁਆਵਜ਼ਾ ਜਾਂ ਨਹੀਂ ਦਿੱਤਾ ਜਾਏਗਾ । ਜਦੋਂ ਇਸ ਖੋਜ ਦੇ ਨਤੀਜਿਆਂ ਨੂੰ ਪ੍ਰਕਾਸ਼ਿਤ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਜਾਂ ਕਾਨਫਰੰਸਾਂ ਵਿੱਚ ਵਿਚਾਰਿਆ ਜਾਂਦਾ ਹੈ, ਤਾਂ ਮੇਰੀ ਪਛਾਣ ਪ੍ਰਗਟ ਕਰਨ ਵਾਲੀ ਕੋਈ ਵੀ ਜਾਣਕਾਰੀ ਪ੍ਰਗਟ ਨਹੀਂ ਕੀਤੀ ਜਾਵੇਗੀ । ਮੈਂ ਕਿਸੇ ਵੀ ਸਮੇਂ ਅਤੇ ਕਿਸੇ ਵੀ ਕਾਰਨ ਕਰਕੇ ਇਸ ਅਧਿਐਨ ਤੋਂ ਵਾਪਸ ਲੈ ਸਕਦਾ ਹਾਂ । ਮੈਂ ਇਸ ਫਾਰਮ 'ਤੇ ਹਸਤਾਖਰ ਕਰਕੇ ਮੇਰੇ ਕਿਸੇ ਵੀ ਕਾਨੂੰਨੀ ਅਧਿਕਾਰ ਨੂੰ ਨਹੀਂ ਛੱਡ ਰਿਹਾ l

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ

ਅੰਗੂਠI ਭਾਗੀਦਾਰ ਦੇ ਹਸਤਾਖਰ/

ਅੰਗੂਠI / ਗਵਾਹ ਦਾ ਨਾਮ: ਭਾਗੀਦਾਰ ਦਾ ਨਾਂ:

ਤਾਰੀਖ:

ਜਾਂਚ ਕਰਤਾ ਦੇ ਹਸਤਾਖਰ: