

FACULTY OF AYURVEDA & UNANI MEDICINES
UNIVERSITY OF DELHI

Application for submission of Thesis for the Master of Surgery (M.S.)/ Doctor of Medicine (M.D.) in

To,

The Dean,
Faculty of Ayurveda & Unani Medicines,
University of Delhi,
Delhi- 110007.

Sir,

I have been pursuing a Course of Research as a student of the University from _____ to _____ for the Degree of M.S./ M.D. in _____ I submit herewith my Thesis entitled

(IN BLOCK LETTERS) in part fulfillment for the Degree of M.S./ M.D. in _____ of the University of Delhi, Delhi based on the Protocol submitted by me last year. Three printed/ typed copies along with three copies of the Protocol are submitted herewith.

The fee of Rs. 15000/- and the required particulars are also submitted herewith. I have/ have not availed leave:-

- (a) for the period _____ for I year _____
(b) for the period _____ for II year _____

NAME IN FULL _____

ADDRESS _____

MOBILE NO. _____ EMAIL ID: _____

CERTIFICATE

I. I/ We certify

- (a) That Dr. _____ has pursued a regular Course of Research for two calendar year on the subject approved by the University, satisfactorily under my/ our supervision.
(b) That he/she bears a good moral character.

Signature of the Co-Supervisor, if any.

(Signature of the Supervisor)

(Remarks of the Head of the Department of the College/ Hospital concerned).

II.

- (a) I certify that the Thesis is to be presented by Dr. _____ is in part fulfillment of the requirements for the Post-Graduate Degree in _____
(b) I also certify that the above Post-Graduate Degree student has undergone the training programme including lectures, demonstration etc. to our entire satisfaction and is eligible to present his/her Thesis. I recommend that his/her Thesis may please be accepted.

Signature of the Head of the Institution/ Hospital

PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN HIS/ HER OWN HANDWRITING

1. Name of Applicant: _____ (IN BLOCK LETTERS:
Name must correspond with the enrolment card. Women candidates must write 'Miss or Mrs.' as the case may be).
2. Enrolment No.: _____
3. Date of Birth (DD/MM/YYYY): _____
4. Please tick the Category (General/OBC/ Scheduled Caste/ Scheduled Tribe). _____
5. Place of permanent residence or domicile _____
6. Father's Name _____
7. Father's Occupation: _____
8. Year of passing the BAMS/BUMS/BHMS Examination and the name of University with Roll No.

<u>YEAR</u>	<u>ROLL NO.</u>	<u>UNIVERSITY</u>	<u>DIVISION</u>

9. Subject of thesis (IN BLOCK LETTERS) _____

(SIGNATURE OF THE CANDIDATE)

FULL ADDRESS _____

MOBILE NO. _____ EMAIL ID: _____

*Give full address to which communication should be directed.

Thesis submitted by Dr. _____ in part fulfillment of the requirement for the examination in M.D./ M.S. _____ may be accepted deposit the required fees of INR 15000/- to the Director, UDSC- Maintenance A/C (other Charges) (State Bank of India A/C No – 42113431541) (Branch Code: 8778, IFSC Code: SBIN0008778) online mode (through UPI, paytm or any other mode).

Fill the details of Annual Tuition fee:

Year	Transaction ID	Payment Date	Late Fee (if any) Transaction ID	Late Fine Payment Date
2 nd Year				
3 rd Year				

Dealing Assistant

Section Officer (Ayurveda & Unani Medicines)

Assistant Registrar (Ayurveda & Unani Medicines)

Countersigned _____

Chairman
Board of Research Studies