



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

वणी रोड, म्हस्रुळ, नाशिक- ४२२००४, Vani Road, Mhasrul, Nashik – 422 004

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M.Sc., D . Pharm.

Dy. Registrar

Ph.: 0253-2539199 / 2539239

No. MUHS/PG-T/E2/1578/2010

Date : 03/08/2010

Circular No.13/2010

Faculty of Dentistry

(For Students Admitted for Academic Year 2010-11)

To,
The Dean/Principal,
All P.G.Dental Colleges
affiliated to MUHS,Nashik

Sub.: Submission of Title & Synopsis of Dissertation for Academic Year 2010-11 alongwith requisite fees...

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that following guidelines must be observed by the Colleges while submitting proposals of Title & Synopsis of Dissertation **the batch admitted for Academic Year 2010-11.**

1. The ***last date for submission*** of Title & Synopsis of Dissertation is **31/12/2010** & it must be submitted in the prescribed format as per **Appendix 'A'**.
2. The Title opted by the student ***must be approved by "Ethics Committee"*** of the College & to be submitted in prescribed format as per **Appendix "B"**. Only **one copy** of Synopsis alongwith plan of work, not exceeding 500 words, must be submitted to the University ***through the Dean/Principal*** with a recommendation of Guide/ P.G.Teacher.
3. It is observed that there is variations in Title, in the proposal of Title & Synopsis of Dissertation submitted by the students in Annexure 'A', 'B' & Synopsis. **The P.G. Guide & the Dean/Principal shall ensure that 'Title' is correctly mentioned in each proposal.**
4. The proposals of Title & Synopsis of Dissertation of the students admitted for ***M.D.S course only*** are to be submitted for University approval.
5. The proposal for Change of Title alongwith justified reasoning & necessary documents of the student shall be considered till **31/12/2011** by the University.

Term of student will be extended by the University, if any proposal is received after **31/12/2011** for Change of Title.

6. A request for **Change of Title** merely due to **Change of Guide** will not be entertained by the University, provided the proposal is duly submitted alongwith the recommendations of the Dean/Principal of the College with justifiable reasonings.
7. The **Student : Guide ratio** shall be **strictly maintained** as per norms laid down by the Central Council.
8. Guide **must be** Postgraduate Recognized teacher of this University.
9. A proposal of **Change of Guide** to the student will be considered by the University; provided it is submitted by the College in prescribed format (copy enclosed).
10. The submission of Title & Synopsis of Dissertation will be accepted by the University **through proper channel** only. **No proposal** will be directly accepted **from the students**.
11. The list of **Titles approved by the University** are available on University website (www.muhsnashik.com) for perusal of students & teachers. Kindly refer the said list while selecting the Title, so that the Title is not repeated.
12. The "Fees For Approval Of 'Title & Synopsis' Proposal", are as follows, (Ref. PG Academic Notification No. 01/2009 dated 04/04/2009)

Sr.	Particulars of fees	Fees
01	'Title & Synopsis' proposal (without late fee)	Rs. 300/-
02	Late submission of 'Title & Synopsis' proposal	Rs. 100 per week
03	Change of 'Title & Synopsis' proposal	Rs. 300/-

It shall be the **responsibility of the Dean/ Principal** of the College to collect requisite fees from the concerned Postgraduate students & submit a **consolidated Demand Draft** in favour of "The Registrar, MUHS" payable at Nashik. Incomplete proposals in respect of fees & relevant documents **will be rejected** & no communication will be made by the University.

Sd/-
Dy. Registrar
I/C Academic Section (P.G.)

Appendix 'A'

(FORMAT FOR SUBMISSION OF TOPIC BY P.G. STUDENT)

Name of the P.G. College	
Department	
Name of the Guide & College Name	
Contact Number of Guide	

Through Proper Channel only

To,
The Registrar
MUHS, Nashik- 422 004

Sub.: Submission of Title of Synopsis of Dissertation

Respected Sir/Madam,

I Dr.
(Surname/Name/Father/Husband Name)

registered forin

the..... batch under the guidance of Dr.....
(Year) (Guide Name)

.....
(Post) (Designation) (Department) (College)

I am due to appear for in
(Course and Subject) (Exam Month & Year)

I am submitting herewith Title of Synopsis of Dissertation as mentioned below & as suggested by my aforesaid Guide.

Title of Synopsis of Dissertation:-

Kindly accept and register my Title of Synopsis of Dissertation.

.....
(Candidate Name & Signature)

.....
(Guide Name & Signature)

.....
(HOD Name & Signature with Dept. Seal)

.....
(Signature & Seal of Dean of College)

APPENDIX 'B'

REPORT OF ETHICS COMMITTEE

Department :
Candidate admitted year :
Course and Subject :
College Name & Address :

Reference No.

Date:

To,

.....
(Candidate Name)

.....
(Department)

.....
.....
.....
(College Address)

Sub: Research Proposal of entitled ".....
.....
....."

(Title of Synopsis of Dissertation)

Ref:-
(Letter/ Proposal of Student)

Dear Student,

The above mentioned research proposal of Title of Synopsis of Dissertation was discussed in the Ethics Committee meeting held on at our College.
(Date)

Ethics Committee has unanimously approved your Title of Synopsis of Dissertation. This work will be done under the guidance and supervision of your guide Dr.

.....
(Signature)

.....
(Name)
Chairperson, Ethics Committee

.....
(College Name)



विद्या ठाकरे

एम.एस्सी. डि. फार्म.

उपकुलसचिव

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जा.क्र. मआवि/पीजी/ई. ओ./०१/२००८

दि. १६/०४/२००८

परिपत्रक

सर्व संलग्नित पदव्युत्तर महाविद्यालयांना कळविण्यात येते की, दिनांक २८/१२/२००७ रोजी झालेल्या विद्यापरिषद सभेच्या ठराव क्र.३९९/२००७ नुसार मान्यताप्राप्त मार्गदर्शक नेमण्यासंदर्भात खालील प्रमाणे कार्यवाही करावी.

मार्गदर्शक (Guide)बाबत खालील परिस्थिती उद्भवल्यास:-

१. विद्यापीठ मान्यताप्राप्त पदव्युत्तर शिक्षक /मार्गदर्शक कार्यरत असलेल्या महाविद्यालयातून आकस्मिकरीत्या सोडून गेल्यास अथवा राजीनामा दिल्यास.
२. विद्यापीठ मान्यताप्राप्त पदव्युत्तर शिक्षक/मार्गदर्शकाचे दुर्देवी निधन झाल्यास.
३. विद्यापीठ मान्यताप्राप्त पदव्युत्तर शिक्षक/मार्गदर्शक अन्य काही कारणास्तव (दीर्घ आजार, नुकसानदायक अपघात इत्यादी)पदव्युत्तर विद्यार्थ्यांना मार्गदर्शन करण्यास असक्षम झाल्यास.
- ४- विद्यापीठ मान्यताप्राप्त पदव्युत्तर शिक्षक/मार्गदर्शक विद्यापीठ निर्णयानुसार परीक्षेच्या कामांपासून वंचित राहिल्यास (Debarred), व त्याअनुषंगाने विद्यार्थ्यांना मार्गदर्शन करण्यास असक्षम झाल्यास.
५. विद्यापीठ मान्यताप्राप्त पदव्युत्तर शिक्षक/मार्गदर्शकाची एका संलग्नित शासकीय महाविद्यालयातून दुसऱ्या गावी संलग्नित असलेल्या महाविद्यालयात बदली झाल्यास अथवा प्रतिनियुक्तीवर नेमणूक झाल्यास.

उपरोक्त परिस्थिती उद्भवल्यास खालीलप्रमाणे कार्यवाही करावी...

१. पदव्युत्तर विद्यार्थ्यांनी ज्या महाविद्यालयात नोंदणी केली असेल त्याच महाविद्यालयातील संबंधीत विषयातील इतर मान्यताप्राप्त पदव्युत्तर शिक्षकांमधील वरीष्ठ मान्यताप्राप्त मार्गदर्शकाची महाविद्यालयाने विद्यापीठाच्या पूर्वपरवानगीने नेमणूक करून तसे विद्यापीठास कळविण्यात यावे.

- 2- ज्या गावातील/शहरातील संलग्नित महाविद्यालयात विद्यार्थ्यांनी नोंदणी केली असेल त्याच गावातील/शहरातील दुसऱ्या संलग्नित महाविद्यालयातील संबंधित विषयातील मान्यताप्राप्त मार्गदर्शकास विद्यापीठाच्या पुर्वपरवानगीने नेमण्यात यावे. सदर नेमणूक करतांना संबंधित मार्गदर्शकांचे व कार्यरत असलेल्या महाविद्यालयाच्या प्राचार्यांचे ना हरकत प्रमाणपत्र (N.O.C.) घेण्यात यावे.
३. वरील दोन्ही मुद्द्यांची पुर्तता करण्यास अडचण येत असल्यास मा.कुलगुरु यांच्या संमतीने निर्णय घेण्यात यावा.

सही/-
उपकुलसचिव
पदव्युत्तर शैक्षणिक विभागप्रमुख

Amended Format of Application for Permission for Change of Guide

To
The Registrar
Maharashtra University of Health Sciences,
Nashik

Sub:- Permission for Change of Post Graduate Guide.

Sir,

Dr.....is the student admitted from
(name)

Academic Year.....for.....in.....speciality.
(name of the course)

The said student was registered under Dr.....
(name)

However due to.....
(please cite the reason)

.....the said
teacher is not able to guide the student. Hence, you are requested to permit

Dr.....
(name of the new guide)

..... who is Post Graduate recognized teacher of M.U.H.S.
(MUHS PG teacher recognition letter No.....

dtd.....) At present he/she is working as
.....in the department of

We confirm that no. of students registered for Last Three Academic year with aforesaid
teacher are as follows:

Sr.	Last Three Academic year	Name of Student	Name of College	Name of University
a)	2010-11			
b)	2009-10			
c)	2008-09			

The said teacher has given consent to guide the student. The Guide : Student ratio is maintained as per Central Council rules. You are requested to give the permission for the same.

**Dean
(Signature & Seal)**