



Smt Vidya Thakare

M.Sc., D.Pharm.

Dy. Registrar

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

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No. MUHS/PG-T/E6/1540/2009

Date : 09/10/2009

Circular No.09/2009
Faculty of Allied Health Sciences

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

Sub.: Submission of Title & Synopsis for batch 2009-10.

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that following guidelines must be observed by the Colleges/ Institutes while submitting proposals of Title & Synopsis of **the batch admitted for Academic Year 2009-10.**

1. The ***last date for submission*** of Title & Synopsis for **M.P.Th./M.O.Th./M.A.S.L.P./M.P.O./M.Sc. Nursing** is **31/03/2010** it must be submitted in the prescribed format as per **Appendix 'A'**. No Title & Synopsis will be entertained by the University after last date of submission of Synopsis.
2. The proposals of Title & Synopsis of the students admitted for **M.P.Th./M.O.Th./M.A.S.L.P./M.P.O./M.Sc. Nursing courses** are to be submitted for University approval.
3. 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.
4. The proposal for Change of Title alongwith justified reasoning & necessary Change of Title of Synopsis will ***not be permitted*** to any student, ***once Title*** has been ***approved by the University***. However in exceptional cases & at the discretion of the University, a proposal of Change of Title alongwith justified reasoning & necessary documents of the student shall be considered by the University. Term of the student will be extended by the University appropriately if Synopsis is not submitted in time.

5. The **Student : Guide ratio** shall be **strictly maintained** as per norms laid down by the Central Council.
6. Guide **must be** Postgraduate Recognized teacher of this University.
7. 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 as per **University Circular No. 01/2008 dated 16/04/2008** (copy enclosed).
8. The submission of Title & Synopsis will be accepted by the University **through proper channel** only. **No proposal** will be directly accepted **from the students**.
9. The list of **Titles approved by the University** are available on University website (www.muhsnashik.com) for perusal of students & teachers. Kindly refer said list while selecting the Title.
10. Your kind attention is drawn towards PG Academic Notification No. 01/2009 dated 04/04/2009 in respect of "Fees For Approval Of 'Title & Synopsis' Proposal", which is stated as follows:

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.

Yours faithfully,

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

Encl: **1) Appendix 'A' & 'B'**
 2) Circular No.1/2008 dated 16.04.2008

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

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 as mentioned below & as suggested by my aforesaid Guide.

Title of Synopsis

Kindly accept and register my Title of Synopsis.

.....
(Candidate Name & Signature)

.....
(Guide Name & Signature)

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

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

N.B.:

- 1) It is **mandatory** to submit a proposal of Title in prescribed format as per **Appendix 'A' & 'B'**
- 2) Change of Title of Synopsis will not be permitted to any student, once Title has been approved by the University. However in exceptional cases & at the discretion of the University, a proposal of Change of Title alongwith justified reasoning & necessary documents of the student shall be considered by the University.
- 3) Guide **must be** Postgraduate Recognized teacher of this University.
- 4) This format must be in **printed** form.

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
entitled "....."
(Title of Synopsis)

Ref:-
(Letter/ Proposal of Student)

Dear Student,

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

(Date)

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

.....
(Signature)

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

.....
(College Name)

N.B.:

- 1) It is **mandatory** to submit a proposal of Title in prescribed format as per **Appendix 'A' & 'B'**
- 2) Change of Title of Synopsis will not be permitted to any student, once Title has been approved by the University. However in exceptional cases & at the discretion of the University, a proposal of Change of Title alongwith justified reasoning & necessary documents of the student shall be considered by the University.
- 3) Guide **must be** Postgraduate Recognized teacher of this University.
- 4) This format must be in **printed** form.



श्रीमती विद्या ठाकरे

एम.एस्सी. डि. फार्म.

उपकुलसचिव

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जा.क्र. मआविदि/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.

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

आपली विश्वासु,

सही/-

उपकुलसचिव

पदव्युत्तर शैक्षणिक विभागप्रमुख

सोबत :- मार्गदर्शक बदलीच्या पत्राचा नमुना.

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.	Academic year	Name of Student	Name of College	Name of University
a)				
b)				
c)				

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)

Please Note:- In case of Homoeopathy faculty, you are requested to specify the name of
College where the PG guide is working.