



Vidya Thakare

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

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Dy. Registrar

Ph.: 0253-2539199 / 2539234

No. MUHS/PG-T/E4/ 1842 /2011

Date: 26 /08/2011

Circular No.17/2011

Faculty of Homoeopathy

(For Students Admitted for Academic Year 2011-12)

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

**Sub.: Submission of Title & Synopsis of Dissertation for Academic Year 2011-12
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/Institutes while submitting proposals of Title & Synopsis of Dissertation for **the batch admitted for Academic Year 2011-12.**

1. The ***last date for submission*** of Title & Synopsis of Dissertation is **31/03/2012** & it must be submitted in the prescribed format as per **Appendix 'A'**.
2. The proposals of Title & Synopsis of Dissertation of the students admitted for ***M.D. course only*** 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 Two copies** 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. The title should be oriented, devoid of unpromising specialities & helpful in the Development of Homoeopathy. Such synopsis will be reviewed and the dissertation topic will be registered by the University.
4. 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.
5. The proposal for Change of Title alongwith justified reasoning & necessary documents of the student shall be considered on or before ***15th May 2012***, by the University. Term of student will be extended by the University, if any proposal is received after ***15th May 2012*** 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 college has its own responsibility to allot the P.G. Guide in subject concerned to the students admitted for M.D.(Homoeopathy). The list of allotted guide shall be forwarded to the University within one month from the date of admission(**the guidelines is enclosed here with for your necessary action**).
8. The **Student : Guide ratio** shall be **strictly maintained** as per norms laid down by the Central Council.
9. Guide **must be** Postgraduate Recognized teacher of this University.
10. 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).
11. The submission of Title & Synopsis will be accepted by the Univeristy **through proper channel** only. **No proposal** will be directly accepted **from the students**.
12. 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, so that the Title is not repeated. **The copy of Appendix 'F' is enclosed.**
13. The "Fees For Approval of Title & Synopsis Proposal", are as follows, (Ref. P.G. Academic Notification No. 01/2009 dated 04/04/2009)

Sr. No.	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' & 'F'
2) Circular No.1/2008 dated 16.04.2008
3) Guidliness for allotment of Guide alongwith Appendix 'D' & 'E'

Copy to: The Controller of Examinations, MUHS,Nashik

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 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 as mentioned below & as suggested by my aforesaid Guide.

Title of Dissertation

Kindly accept and register my Title of Synopsis.

.....
(Candidate Name & Signature)

The qualification of the teacher is recognized by the Central Council.

.....
(Guide Name & Signature)

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

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

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)



श्रीमती 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 संबंधित 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 (N.O.C.) घेण्यात यावे.
३. वरील दोन्ही मुद्यांची पूर्तता करण्यास अडचण येत असल्यास मा.कुलगुरु यांच्या संमतीने निर्णय घेण्यात यावा.

आपली विश्वासु,

सही/-

उपकुलसचिव
पदव्युत्तर शैक्षणिक विभागप्रमुख

सोबत :- मार्गदर्शक बदलीच्या पत्राचा नमूना.

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)	2011-12			
b)	2010-11			
c)	2009-10			

--	--	--	--	--

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.

Guidelines to be adopted by the Homoeopathy Colleges for allotment of Guide to the students admitted at their Colleges

It has been resolved by the Academic Council vide its Resolution No. 443/2008 that **responsibility for allotment of Guide** to the students admitted at respective Homoeopathy Colleges shall rest with the concerned College w.e.f. Academic year 2008-2009 & as such following guidelines shall be observed by the Colleges:

1. It shall be responsibility of the concerned College to communicate to the Guide about students registered with concerned teacher with a copy of the same marked to the concerned student.
2. Guide must be **recognized Postgraduate teacher** of this University in that **concerned subject** & shall be from the concerned College, where Postgraduate Students are admitted. In case of non-availability of recognized Postgraduate teacher at the concerned College, the Principal of the said College can appoint a **recognized Postgraduate teacher** as a Guide in order of preference as mentioned below:
 - a) From the nearby College
 - b) Nearby City
 - c) Within jurisdiction of the Conventional Universities
 - d) Out of State (Criteria of PG recognition of MUHS is not mandatory)

When a situation arises, such that a guide from another College has to be allotted to the student of a College where there is no guide available, in such cases

a) The Principal of the College has to ensure that three students of said College are serially registered under One Guide only, who is selected from another College i.e. the ratio 1:3 determined by C.C.H. is followed.

b) In case, if again there are students remaining in the said College, then further next Guide shall be opted by the College.

c) Please note that in no circumstances, in order to prevent the exhaustion of Homoeopathy Guides in the State one Student shall be allotted to a single Guide & the next student is allotted to another Guide in a College.

It is clarified that one Guide of one Homoeopathic College shall be attached/ dedicated to single Homoeopathy College & should be continued for one particular Academic year, after his allotment to the College. However the student will be registered under the Guide till he completes his Postgraduation.

3. Provided that **an undertaking by the concerned teacher /Guide** towards acceptance of Guide-ship, in the prescribed format of the University, is submitted to the University alongwith **No Objection Certificate (N.O.C.)** from an Appointing College/ present employer towards **acceptance of Guideship at another College**.

The format appointment and No Objection Certificate is enclosed herewith as a **Appendix 'D'**

4. The **matter of remuneration** to such Guide shall be **within jurisdiction** of the concerned College. **At no stage**, the University & registered student shall be held responsible on the subject.

5. However, relaxation in criteria of recognized Postgraduate Teacher in the concerned subject shall be applicable to those subjects, where relaxation has been permitted by the University/ Council from time-to-time.
6. Name of the Guide allotted by the concerned College shall be **from the approved list of the Central Council of Homoeopathy (C.C.H)** & as **notified by the University** on website from time-to-time.
7. The **ratio of Guide: Student (i.e.1:3)** to the number of students to be admitted shall be **as prescribed by the C.C.H** from time-to-time.
8. It shall be responsibility of the concerned College to inform the University within 15 days about allotment of Guide, in the prescribed format enclosed as a **Appendix 'E'** for its further scrutiny. On scrutiny, if it is found that there is any duplication in allotment of Guide at different Colleges or Guide is not recognized Post Graduate Teacher or name of Guide is not reflected in approved list of Central Council of Homoeopathy published on University website, then such Colleges will be informed by the University to comply with requisite deficiencies within stipulated period.
9. Procedure for **Change of Guide** at concerned College has been prescribed by the University under **Circular** No. मआविवि/पी.जी.टी./०१/२००८ दिनांक १६/०४/२००८. The proposal of Change of Guide will be entertained by the University; provided it is submitted through stipulated procedure on the subject. **Allotment of Change of Guide shall be made, subject to approval of MUHS by a specific order.**

Date: 4th February 2009

Sd/-
Officiating Registrar

Appendix 'D'

**(Format for Appointment of Guide from another College & NOC)
UNDERTAKING**

To
The Dean/Principal,
..... Homoeopathy College,
.....
.....

Sub.: Acceptance of duties as Guide at
(name of the college)

Sir/ Madam,

I hereby submit my acceptance to be Guide of,&student/s
admitted at,.....for Academic year.....
(name of the college)

and I also further hereby furnish and agree to abide with all conditions as laid by the
Maharashtra University of Health Sciences, Nashik.

1. **Full Name of Teacher (in Capital letters)** :
2. **Details of Teacher for communications** :

Name & Address of College	Residential Address	Contact details
		<i>STD Code:</i>
		<i>Office:</i>
		<i>Resi.:</i>
		<i>Mobile:</i>
		<i>Email:</i>

3. I confirm that no. of students registered for current Academic year (20...-20...) are:
.....nos.
4. I confirm that no. of students registered for Last Three Academic year with me are as
follows:

Sr.	Last Three Academic year	Name of Student	Name of College
a)	2011-12		
b)	2010-11		
c)	2009-10		

5. I further state that I have accepted/ likely to accept work of similar type of another University but I assure that this work will not come in the way of these students towards satisfactorily completing their work & confirm that ratio of *Guide: Student* as prescribed by the Council/ University shall be observed in entirety.
6. I hereby declare that I am not debarred from examination work by MUHS/ parent University/ Other University.
7. I will guide the students registered under the same subject.

Date :
Place :

Signature of PG Guide

=====

Head of the Department

**Dean/ Principal of the College
(Seal & Signature)**

**Copy to: The Registrar,
MUHS, Nashik.**

For information

(Format for List of Guide student Appointed / Allotted by the College)

To,
The Registrar,
 Maharashtra University of Health Sciences,
 Mhasrul, Vani-Dindori Road,
Nashik – 422 004.

Sub.:List of Allotment of Guide Student-wise admitted for Academic Year_____

Ref. : Cut off date notified by the Competent Authority.

Sir/Madam,

With reference to above cited subject & reference, I am to state that information of Allotment of Guide student-wise admitted at our College for Academic Year_____ is to be furnished to the University within 15 days after cut-off date notified by the Competent Authority i.e. Admitting Authority which is as follows:

Sr. No.	Subject	Name of Guide	Name of the College	Name of the Students Admitted

1. Allotment of Guide to the students have been made by the College as per guidelines prescribed by the University.
2. Undertaking & NOC has been obtained by the College in the prescribed format of the University towards Appointment / Allotment of Guide from another Homoeopathy College.

This is for your information & necessary action.

Yours faithfully,

Dean/ Principal

Encl.: Undertaking & NOC of Guide from another College if any.

Appendix 'F'

(To avoid Repetition of Title & Synopsis of Dissertation to be filled by the Affiliated College)

To,
The Registrar,
Maharashtra University of Health Sciences,
Mhasrul, Vani-Dindori Road,
Nashik – 422 004.

Sub.: Title & Synopsis of Dissertation for A. Y. 2011-12.

Sir,

With reference to the above cited subject & reference, I am to inform you that, the Title & Synopsis of Dissertation selected by the following M.D. (Hom.) students admitted for Academic Year 2011-12 have cross checked by the undersigned. It is ensured that, the title selected by the students are not repeated for last three batches i.e. 2008-09,2009-10 & 2010-11. If there is any repetitions observed by the University or the Expert Committee appointed by the University such type of Title & Synopsis of Dissertation may be rejected & there will be no objection by the college.

Sr. No.	Subject for M.D.	Name of the Students Admitted	Title of Synopsis of Dissertation

Thanking you,

Yours faithfully

(Seal of College)

Dean/ Principal