



Vidya Thakare
Dy. Registrar

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES
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No. MUHS/PG-T/E6/2030/2011

Date :14/09/2011

Circular No. 18/2011
Faculty of Allied Health Sciences
(For students admitted for Academic Year 2011-12)

To,
The Dean/Principal,
All P.G. Allied Colleges/ Institutes
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 for **M.P.Th./M.O.Th./M.A.S.L.P./M.P.O./M.Sc. Nursing** is **31/03/2012** it must be submitted in the prescribed format as per **Appendix 'A'**. No Title & Synopsis of Dissertation will be entertained by the University **after last date** of submission of Synopsis.
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. Recognised Teacher.
3. It is observed that there is variation in Title, in the proposal of Title & Synopsis of Dissertation submitted by the students in Appendix 'A', 'B' & Synopsis. **The P.G. Guide & 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.P.Th./M.O.Th./M.A.S.L.P./M.P.O./M.Sc. Nursing courses** are to be submitted for University approval.
5. A request for **Change of Title** merely due to Change of Guide will not be entertained by the University.

6. The **Student :Guide** ratio shall be strictly maintained as per norms laid down by the Rehabilitation Council of India & Indian Nursing Council. Due to paucity of Guides in M.Sc. Nursing faculty, Guide of Concerned/Nearer/Related subjects may be allotted as per Academic Council Resolution No. 592/2010 dated 02/11/2010 circulated vide University letter No. मआविवि/पीजी/ई.६/२८५७/२०१० दिनांक २३/१२/२०१०.
7. Guide **must be** Postgraduate Recognised teacher of this University
8. In case of transfer of Guide as per Government orders, the Guide can continue to guide the student registered with him, if it is feasible. Submission of NOC/Willingness letter by the guide in such cases is mandatory;
9. 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.**
10. The list of Titles approved by the University are available on University website (www.mushnashik.com) for perusal of students & teachers. Kindly refer said list while selecting the Title, so that the Title is not repeated.
11. The “ Fees For Approval Of Title & Synopsis’ Proposal”, are as follows (Ref.-PG Academic Notification No 01/2009 dated 04/04/2009)

S.N.	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 & 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 & Synopsis of Dissertation as mentioned below & as suggested by my aforesaid Guide.

Title of Synopsis

Kindly accept and register my Title of Synopsis.

.....
(Candidate Name & Signature)

The qualification of the teacher is recognised 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 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)



श्रीमती विद्या ठाकरे

एम.एस्सी. डि. फार्म.

उपकुलसचिव

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ

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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.
२. ज्या गावातील/शहरातील संलग्नित महाविद्यालयात विद्यार्थ्यांनी नोंदणी केली असेल त्याच गावातील/शहरातील दुसऱ्या संलग्नित महाविद्यालयातील संबंधीत विषयातील मान्यताप्राप्त मार्गदर्शकास विद्यापीठाच्या पूर्वपरवानगीने नेमण्यात यावे. सदर नेमणूक करतांना संबंधीत

मार्गदर्शकांचे व कार्यरत असलेल्या महाविद्यालयाच्या प्राचार्यांचे ना हरकत प्रमाणपत्र (N.O.C.) घेण्यात यावे.

३. वरील दोन्ही मुद्द्यांची 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.	Academic year	Name of Student	Name of College	Name of University
a)				
b)				
c)				

The earlier guide is willing for the change due to the inability stated above and the new guide 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)**