

BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY

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Style : Capital letters (Bold)



Title

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**By
Name of the Candidate**

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*Protocol of Thesis to be submitted to the Bareilly International
University, Bareilly for the partial fulfillment of the requirements
for the degree of*

**DOCTOR OF MEDICINE /
MASTER OF SURGERY**

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**(Speciality)
(Session ___ to ___)**

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**ROHILKHAND MEDICAL COLLEGE &
HOSPITAL, BAREILLY (U.P.), INDIA**

BIODATA OF THE CANDIDATE

Name :

Father's Name :

Date of Birth :

Mailing Address :

Permanent Address :

Contact Number :

Permanent Registration number with date :

Educational Qualification:

Qualification	Year of Passing	Board/University

PG Course:

Date of Joining:

Name of the Institute:

DEPARTMENT OF

Rohilkhand Medical College & Hospital, Bareilly

(Affiliated to Bareilly International University, Bareilly)

DECLARATION BY THE CANDIDATE

I hereby declare that this thesis protocol entitled
“.....
.....” will be a bonafide and genuine research work carried out by me
under the supervision of(*Supervisor’s Name & Designation, department of*)
....., Rohilkhand Medical College & Hospital, Bareilly, U. P. for partial fulfilment
of the regulations for the Award of the degree of **Doctor of Medicine/Master of Surgery**
in

Date:

Signature of the Candidate

(Name of Candidate)

Certificate by Head of the Department

DEPARTMENT OF

Rohilkhand Medical College & Hospital, Bareilly

(Affiliated to Bareilly International University, Bareilly)

This is to certify that the research work entitled
“.....” has been allotted to
....., a bonafide post graduate student of Department of
..... for partial fulfilment of the regulations for the
Award of the degree of Doctor of Medicine/ Master of Surgery in

All the necessary facilities and support will be provided to the candidate to conduct the research work in the department. The topic has not been allotted earlier in the department/Institution.

Date:

Signature

(Name)

Professor & Head

Department of

Rohilkhand Medical College, Bareilly

Certificate by the Supervisor/ Co-Supervisor

DEPARTMENT OF

Rohilkhand Medical College & Hospital, Bareilly

(Affiliated to Bareilly International University, Bareilly)

This is to certify that the facilities for the research work entitled “.....” allotted to (Name of the Candidate) under my/our direct supervision and guidance do exist in the department of, Rohilkhand Medical College & Hospital, Bareilly.

I/we will ensure the authenticity of the thesis protocol topic and research methodology which conforms to the standards of Bareilly International University.

Supervisor

Signature

Name with Degree

Designation

Department

Rohilkhand Medical College & Hospital, Bareilly

Co-Supervisors

Signature

Name with Degree

Designation

Department of

Rohilkhand Medical College, Bareilly

Signature

Name with Degree

Designation

Department of

Rohilkhand Medical College, Bareilly

THESIS PROTOCOL OUTLINE

Cover Page	Page – 1
Biodata of the Candidate	Page – 2
Declaration by the Candidate	Page – 3
Certificate from Head of the Dept.	Page – 4
Certificate from Supervisor & Co-Supervisor	Page – 5
Introduction	Page – 6
Brief review of literature	Page – 7- 9
Aim & Objectives	Page – 10
Material & Methods : <ul style="list-style-type: none">• Study Design• Study Setting• Study Duration• Ethical Aspects• Participants• Inclusion Criteria• Exclusion Criteria• Intervention / Procedure• Outcome Measures• Study Flow Chart• Sample Size• Statistical Analysis	Page – 11-14
References (Vancouver system)	Page – 15-16
Appendices (Proforma/Data sheet, Consent form, etc.)	

General Instructions

1. One copy to be submitted at the time of Presentation & Five copies to be submitted after approval of Protocol.
2. Title Page : As per format
3. Font Size of Text : 12
4. Paper Size : A4
5. Line spacing : Double space with 2.5 cm margin all around.
6. Alignment : Justified
7. Protocol should be spirally bound.