

BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY

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Title

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By

Name of the Candidate

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Thesis 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)

(2016-2019)

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

DEPARTMENT OF

Rohilkhand Medical College & Hospital, Bareilly

CERTIFICATE BY THE HEAD OF DEPARTMENT

This is to certify that the research work entitled
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.....” which is
being submitted as a thesis for **M.D./M.S. (DISCIPLINE)** Examination, **20.....** of
Bareilly International University, Bareilly has been carried out by **Name of the Candidate**
and was conducted by the candidate himself/herself in the Department of
....., Rohilkhand Medical College & Hospital, Bareilly.

He/ She has fulfilled the necessary prerequisites for submission of the thesis
according to the university regulations.

Date:

Place:

Signature

(Name)

Professor & Head

Department of

Rohilkhand Medical College & Hospital

Bareilly, Uttar Pradesh (INDIA)

DEPARTMENT OF
Rohilkhand Medical College & Hospital, Bareilly

CERTIFICATE BY THE SUPERVISOR & CO-SUPERVISOR

This is to certify that the research work entitled
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University, Bareilly, has been carried out by **Name of the Candidate** under our direct
supervision and guidance & is being submitted as a part of partial fulfillment of
requirements for the degree of He has worked
in the department independently under our guidance.

The technique and methodology embodied in this thesis has been undertaken by the
candidate herself and observations recorded were periodically checked and verified by us.

SUPERVISOR

Signature
Name & Designation
Department of
Rohilkhand Medical College & Hospital, Bareilly

Co-Supervisors

Signature
Name & Designation
Department of
Rohilkhand Medical College, Bareilly

Signature
Name & Designation
Department of
Rohilkhand Medical College, Bareilly

DEPARTMENT OF
Rohilkhand Medical College & Hospital, Bareilly

DECLARATION BY THE CANDIDATE

I hereby declare that this thesis entitled
“.....
.....” is a bonafide and genuine research
work carried out by me under the supervision of **Name of Supervisor, Designation,**
Department of, Rohilkhand Medical College & Hospital,
Bareilly, U. P. for partial fulfilment of the regulations for the award of the degree of
_____ in _____.

Date:

Place:

Signature of the Candidate

(Name of Candidate)

Designation

Dept. of

Rohilkhand Medical College & Hospital

Bareilly, U. P.

ACKNOWLEDGEMENT

Name of the Candidate

INDEX

S. No.	Content	Page Number
1.	Introduction	1
2.	Review of Literature	5
3.	Aim & objectives	43
4.	Materials & Methods	45
5.	Observations & Results	52
6.	Discussion	72
7.	Conclusion	81
8.	Summary	84
9.	References	
10.	Appendices : <ul style="list-style-type: none">• Consent form• Patient Information Sheet• Case Record Form• Master Chart• Institutional Ethics Certificate	

Suggested Number of Pages.

Thesis should be of about 100 pages.

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RMCH	Brown with Golden Print	A
IDS	Black with Golden Print	A
M. Sc.	Blue with Golden Print	A
Ph. D.	Mahroon with Golden Print	A