महाराष्ट्र आरोग्य विज्ञान विद्यापीठ
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES
(An ISO 9001:2008 Certified University)
दिंडोरी रोड, म्हसरूळ, नाशिक . ४२२००४
Dindori Road, Mhasrul, Nashik - 422004
Phone: 0253-**2539196**, **Fax:** 0253-**2539197**
E-mail: udc@muhs.ac.in / **Web:** www.muhs.ac.in

Format of the Thesis along-with required Certificates and Attendance Certificate to be submitted by a Student Registered for PhD Degree under MUHS, Nashik

1. The candidate, through proper channel, shall submit the thesis after completion of his/her research work and satisfactory Pre-PhD Seminar and after fulfillment of other basic conditions as laid down in the MUHS Direction 04/2015 and rules prescribed from time to time.
2. The Thesis should be written in ENGLISH only, and printed preferably in **ARIAL** or **TIMES NEW ROMAN** fonts, in the font size 12 in double spacing under the following headings:-
   a. Introduction
   b. Aims and Objectives
   c. Review of Literature
   d. Material and Methods
   e. Results
   f. Discussion
   g. Summary &Conclusion
   h. References/Bibliography.
   i. Tables
   j. Annexure
3. The written text of the Thesis shall not be less than 100 pages, excluding reference tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27" X 11.69") and bound properly. Spiral Binding should not be done. The Thesis shall include **Form A** (Declaration by the Student and Guide) and **certificates** by the **Guide, Co-guide (if any), Head of the Department and Head of the Institution** (Certificate pages supposed to be detachable and to be placed at the end).
4. **Four** hard copies of **THESIS** along with **two** sets of **VCD/DVDs** and **ten** sets of **SUMMARY REPORT**, thus prepared, shall be submitted to the Controller of Examinations, along with prescribed fees, for evaluation.
5. In clinical photographs (if included in the Thesis), the identity of subjects should be concealed. The names of the patients should not be stated in the master chart.
6. Names of individual, college, institute, teachers, guides, and any other sort of identity should not be disclosed in the Thesis in any form.
7. The first page of the Thesis shall be as under. (this page is supposed to be **detachable**)

i) Permanent Registration Number: . . . . . .
ii) Name of the Candidate: . . . . . .
iii) Name of the College/Institute: . . . . . .
iv) Name of the Guide: . . . . . .

v) Name of the Co-Guide: . . . .
vi) Name of Examination: PhD: . . . .
vii) Name of Subject/specialty: . . . .
viii) Name of Faculty: . . . .
ix) Admission Year (Academic Year): . . . .
x) Completion Year (Academic Year): . . . .
xi) Title of the Thesis: . . . .

(**to be included in the Final Thesis**)

8. The second page of the Thesis shall be as under:

1	**Maharashtra University of Health Sciences, Nashik**
2	**Name of the Examination: Doctor of Philosophy (PhD)**
3	**Name of the Faculty: . . . .**
4	**Name of the Subject/Speciality: . . . .**
5	**Admission Year(Academic Year): . . . .**
6	**Completion Year(Academic Year): . . . .**
7	**Title of the Thesis: . . . .**

(**to be included in the Final Thesis**)

Form A

Declaration by the Student and Guide

I, Dr/Mr/Ms . . . . hereby declare that, my Final Thesis entitled . . . . has been prepared under the supervision and guidance of Dr. . . . . and that, if at any stage, it is found or reported that the material quoted/referred in my Final Thesis is copied from any other source/author/researcher and found that I have indulged in PLAGIARISM, I shall be held solely responsible for such an act and the University shall withdraw my PhD Degree (even if awarded) or shall not process my Final Thesis for further evaluation and examination, as the case may be.

Date: . . . .
Place:. . . . .   Signature & Name of the Student

Counter-signed by the Guide of the Student

Date: . . . .
Place:. . . . .   Signature & Name of the Guide

(**to be included in the Final Thesis**)

Certificate from Guide

This is to certify that, the Thesis entitled . . . . . has been prepared by Dr/Mr/Ms. . . . . under my direct supervision and guidance, in partial 4ulfils4nt of the regulations for the award of the degree of Doctor of Philosophy(PhD), in the subject of . . . . . , under the faculty of. . . . . .

I have checked his/her work on the subject from time-to-time. I am satisfied regarding the authentication of his observations, clinical material and experimentation in this Thesis and it conforms to the Standards of Maharashtra University of Health Sciences, Nashik. I also certify that his/her attendance at department is at par as prescribed in the norms by the University and it 4ulfils all other terms and conditions laid down by the University in the concerned Direction/rules. His/Her six monthly progress reports are satisfactory in nature and submitted to the University as follows:

1. First Report No . . . . . dated:	2. Second Report No. . . . . dated:. . . . .
3. Third Report No. . . . . dated:.	4. Fourth Report No. . . . . dated:. . . . .
5. Fifth Report No. . . . . .dated:.	6. Sixth Report No. . . . . dated: . . . . .
7. Onwards	

I have great pleasure in forwarding it to Maharashtra University of Health Sciences, Nashik.

Date: . . . . . .
Place: . . . . . Signature and Name of Guide/Supervisor

Certificate from Co-guide (if any)

This is to certify that, the Thesis entitled . . . . . has been prepared by Dr/Mr/Ms. . . . . under my direct supervision and guidance, in partial fulfillment of the regulations for the award of the degree of Doctor of Philosophy(PhD) in the subject of . . . . . under the faculty of. . . . . .

I have checked his/her work on the subject from time to time. I am satisfied regarding the authentication of his observations, clinical material and experimentation in this Thesis and it conforms to the Standards of Maharashtra University of Health Sciences, Nashik.

I have great pleasure in forwarding it to Maharashtra University of Health Sciences, Nashik.

Date: . . . . . .
Place:. . . . . Signature and Name of Co-guide/Supervisor

(**to be included in the Final Thesis**)

Certificate by Head of Recognized Place of Research (**on Letter-head**)

This is to certify that, the Thesis entitled . . . . . has been prepared by Dr/Mr/Ms. . . . . under the direct supervision and guidance of Dr. . . . . Designation:. . . . . Department: . . . . . .in partial fulfillment of the regulations for the award of the Degree of Doctor of Philosophy (PhD) in the subject of. . . . . , under the faculty of. . . . . .

We have great pleasure in forwarding it to Maharashtra University of Health Sciences, Nashik.

Date:

Signature, Name and stamp

Signature, Name and stamp

Seal :