

DR. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA

UNDER GRADUATE STUDENT RESEARCH SCHOLARSHIPS (UGSRs)

APPLICATION FORM

STUDENT COURSE DETAILS:-

Full Name :

Course : MBBS / BDS / AYUSH / NURSING / BPT

Date of Joining the Course :
D D M M Y Y Y Y

Year of Study:
D D M M Y Y Y Y

Name of the College :

Address of the College :
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Phone No. of the College :

Email ID of the College :

STUDENT PERSONAL DETAILS:-

Gender : Male Female

Date of Birth :
D D M M Y Y Y Y

Residential Address:
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Contact No. :

Email ID :

DETAILS OF THE GUIDE :-

Full Name of the Guide :

Designation :

Department :

Name of the College :

Address :

Contact No. :

Email ID :

DETAILS OF THE RESEARCH PROPOSAL :-

Title :

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Type of the Study :

Subject Area

Name of the Department :

ATTACH THE FOLLOWING DOCUMENTS :-

- 1) Research Proposal under the following Headings (do not mention any identifiers of the student / guide / institution)
- Title
 - Introduction
 - Objectives
 - Methodology
 - Implications

- References

2) Ethics Committee Application / Certificate

3) Informed Consent Form

4) Case Study Form

5) Study Questionnaire

Signature of the Student

Signature of the Guide

Signature of the Head of the Institution with Seal

APPLICATION ATTESTATION FORM (AAF) - UGSRS 2021

Name of the Student:

Name of the Guide:

Name of MBBS/BDS/AYUSH/NURSING/PHYSIOTHERAPY

Institute:.....

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Paste recent
colour passport
size Photograph
(Attested by the
principal/Dean)

Bank Account Details of the applicant

Name of the Bank & Branch.....

A/c No..... IFSC Code.....

Title of the UGSRS Proposal:

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Certificate to be signed by the Student

I certify that, I am an MBBS/BDS/AYUSH/NURSING/ PHYSIOTHERAPY student and am here by providing true information in the application form for UGSRS 2021 best to my knowledge. I am submitting only one application for UGSRS 2021. In the event any information is found to be false, my studentship may be cancelled. I also certify that, the research proposal is an original work prepared under the guidance of my Guide. I confirm that I have not committed 'plagiarism' in preparing this proposal. I understand that after evaluation of my proposal, I may or may not be selected, and I shall abide by the decision of Dr.NTR UHS.

If selected, I shall follow all instructions provided by the Dr.NTR UHS for carrying out the research, preparation and submission of UGSRS report. I also understand that if I am unable to complete my project & submit the report before the last date, no certificate or stipend will be awarded to me. I have gone through all the instructions, and terms & conditions for UGSRS 2021 provided by Dr.NTR UHS and will abide by them.

Name of the Student: -----

Signature of Student:

Date:

Certificate to be signed by the Guide

I agree to accept the applicant
Mr./Ms. _____ studying
MBBS/BDS/AYUSH /NURSING/PHYSIOTHERAPY-I/II/III/IV(tick appropriate)
institute_____. I certify that he/she is not an intern/PG and I will
offer him/her all facilities and guidance for carrying out UGSRS research. I also
certify that the proposal is an original submission prepared by the student under my
guidance. I confirm that neither me and nor my student has committed 'plagiarism'
in preparing this proposal. I am forwarding only one UGSRS 2021 student

application. If my student is selected, I shall provide required facilities to enable early completion of research work, so that the report is submitted before the last date.

Name:

Designation:

Department:

Signature of Guide:

Attested By

Signature of Head of Department

Signature of Head of the Institute

(Name in Block letters with seal)

(Name in Block letters with seal)

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Fill form completely & check it before submission.

