**Documents to be submitted to Dr.NTR University of Health Sciences, Vijayawada for   
POST GRADUATE DISSERTATION TITLE REGISTRATION**

**Checklist for documents to be submitted**

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| --- | --- | --- |
| **S.No.** | **Name of the document** | **Submitted**  **Yes / no** |
|  | Copy of request letter from Principal Investigator to the chairman, Institutional Ethics Committee, Through head of the department. |  |
|  | **Protocol should include**   * Title of Dissertation * Details of Principal Investigator   **Details of Guide, Co-guide & HOD**   * Name * Email ID * contact number |  |
|  | **Proforma for registration of dissertation protocol**   1. Name of the candidate and address 2. Name of the institution 3. Course of the study and subject 4. Date of admission to the course 5. Title of the topic 6. Brief review of the intended work 7. Need for study 8. Aims and objectives of the study 9. Materials & Methods 10. Study Design 11. Period of study 12. Place of study 13. Target population 14. Inclusion Criteria 15. Exclusion criteria 16. Case sheet proforma and investigations   k. Review of literature and references |  |

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| **S.No.** | **Name of the document** | **Submitted**  **Yes / no** |
|  | 7) Signature of the candidate  8) Name & signature of the Guide  9) Name & signature of the Co-guide  10) Name &signature of the HOD  11)Name &signature of the Principal |  |
|  | **Participant Information Sheet**   * Protocol Title * Details of Principal Investigator * Place of study * Contact Number * Introduction to the study * Purpose of the study * Eligibility for participation ( who can take part) * Events during study ( what will happen during the study) * Role of participant during the study   Participant should Follow instructions :  \* Provide accurate information  \* Report any problems experienced during the study  What are the potential benefits of participating in the study   * Cost of participating in the study * Compensation for injury * Confidentiality of information * New information about the study * Participation is voluntary |  |

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| **S.No.** | **Name of the document** | **Submitted**  **Yes / no** |
|  | Informed Consent Form – in Telugu, Hindi, English( Translation should be appropriate)   * Patient I.D number * Title of the Project * Name of the Investigator * Contact Number * Brief Write up * Signature of participant / parent/guardian (in case of child) |  |

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| **DISSERTATION PROTOCOL** |  |
|  |  |
| **TITLE OF DISSERTATION :** |  |
| **DETAILS OF PRINCIPAL INVESTIGATOR:** |  |
| A) NAME **:** |  |
| B) DESIGNATION **:** |  |
| C) DEPARTMENT **:** |  |
| D) TELEPHONE NUMBER **:** |  |
| E) REGISTRATION NUMBER **:** |  |

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| --- | --- |
| **DETAILS OF GUIDE, CO-GUIDE AND HOD** |  |
|  |  |
| **Name of the Guide :** |  |
| **Designation :** |  |
| **Name of department :** |  |
| **Name of institution :** |  |
|  |  |
| **Contact Number :** |  |
| **Email I.D :** |  |
| **Name of the Co-Guide :**  **Designation :** |  |
| **Name of the Department :** |  |
| **Name of the Institution :** |  |
|  |  |
| **Contact Number :** |  |
| **Email I.D :** |  |
| **Name of the HOD :** |  |
| **Designation :** |  |
| **Name of the Department :** |  |
| **Name of the Institution :** |  |
| **Email I.D :** |  |