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
Year of Study: D D M M Y Y Y Y
Name of the College :
Address of the College :
Phone No. of the College :
Email ID of the College:
STUDENT PERSONAL DETAILS:-
Gender : Male Female
D D M M Y Y Y
Residential Address:
Contact No.:

DETAILS OF THE GUIDE: Full Name of the Guide: Department:..... Name of the College : Address: Contact No.: Email ID: **DETAILS OF THE RESEARCH PROPOSAL:** 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

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

References



APPLICATION ATTESTATION FORM (AAF) - UGSRS 2021

Name of the Student:	
Name of the Guide:	Paste recent
Name of MBBS/BDS/AYUSH/NURSING/PHYSIOTHERAPY	colour passport
Name of MBBS/BBS/ATOSH/NORSING/FHTSIOTHERAFT	size Photograph
Institute:	(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:	
•••••••••••	

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/A	YUSH /NUR	SING/PH	YSIOTHERAPY-I/I	I/III/IV(tick	appropriate)
institute		, I cer	tify that he/she is	not an inter	n/PG and I will
offer him/her	all facilities an	ıd guidar	ace for carrying o	ut UGSRS r	esearch. I also
certify that th	e proposal is an	original s	submission prepar	ed by the stu	dent under my
guidance. I co	onfirm that neith	ier me an	nd nor my student	has commit	ted 'plagiarism'
in preparing	this proposal.	I am f	orwarding only o	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	e 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)			

Fill form completely & check it before submission.

