

BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY

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Title

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By
Name of the Candidate

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*Protocol of Thesis to be submitted to the Bareilly International
University, Bareilly for the partial fulfillment of the requirements
for the degree of*

DOCTOR OF PHILOSOPHY

(Speciality)

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FACULTY OF MEDICAL SCIENCES

BIODATA OF THE CANDIDATE

Name :

Father's Name :

Date of Birth :

Mailing Address :

Permanent Address :

Contact Number :

Permanent Registration number with date :

Educational Qualification:

Qualification	Year of Passing	Board/University

PG Course:

Date of Joining:

Name of the Institute:

Department of _____

Faculty of Medical Sciences

(Affiliated to Bareilly International University, Bareilly)

CERTIFICATE BY THE SUPERVISOR/ CO-SUPERVISOR

This is to certify that the facilities for the research work entitled “.....” allotted to (Name of the Candidate) under my/our direct supervision and guidance do exist in the department of, Faculty of Medical Sciences.

I/we will ensure the authenticity of the thesis protocol topic and research methodology which conforms to the standards of Bareilly International University.

Supervisor

Signature

Name with Degree

Co-Supervisors

Signature

Name with Degree

Signature

Name with Degree

Department of _____

Faculty of Medical Sciences

(Affiliated to Bareilly International University, Bareilly)

DECLARATION BY THE CANDIDATE

I hereby declare that this thesis protocol entitled
“.....”
.....” will be a bonafide and genuine research work carried out by me
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fulfilment of the regulations for the Award of the degree of **Doctor of Philosophy** in
..... (**Speciality**).

Date:

Signature of the Candidate

(Name of Candidate)

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FACULTY OF DENTAL SCIENCES

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Name :

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Permanent Registration number with date :

Educational Qualification:

Qualification	Year of Passing	Board/University

PG Course:

Date of Joining:

Name of the Institute:

Department of _____

Faculty of Dental Sciences

(Affiliated to Bareilly International University, Bareilly)

CERTIFICATE BY THE SUPERVISOR/ CO-SUPERVISOR

This is to certify that the facilities for the research work entitled “.....” allotted to (Name of the Candidate) under my/our direct supervision and guidance do exist in the department of, Faculty of Dental Sciences.

I/we will ensure the authenticity of the thesis protocol topic and research methodology which conforms to the standards of Bareilly International University.

Supervisor

Signature

Name with Degree

Co-Supervisors

Signature

Name with Degree

Signature

Name with Degree

Department of _____

Faculty of Dental Sciences

(Affiliated to Bareilly International University, Bareilly)

DECLARATION BY THE CANDIDATE

I hereby declare that this thesis protocol entitled
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Signature of the Candidate

(Name of Candidate)

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*Protocol of Thesis to be submitted to the Bareilly International
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DOCTOR OF PHILOSOPHY

(Nursing)

(Batch _____)

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FACULTY OF NURSING

BIODATA OF THE CANDIDATE

Name :

Father's Name :

Date of Birth :

Mailing Address :

Permanent Address :

Contact Number :

Permanent Registration number with date :

Educational Qualification:

Qualification	Year of Passing	Board/University

PG Course:

Date of Joining:

Name of the Institute:

Faculty of Nursing

(Affiliated to Bareilly International University, Bareilly)

CERTIFICATE BY THE SUPERVISOR/ CO-SUPERVISOR

This is to certify that the facilities for the research work entitled “.....” allotted to (Name of the Candidate) under my/our direct supervision and guidance do exist in Faculty of Nursing, Bareilly.

I/we will ensure the authenticity of the thesis protocol topic and research methodology which conforms to the standards of Bareilly International University.

Supervisor

Signature

Name with Degree

Co-Supervisors

Signature

Name with Degree

Signature

Name with Degree

Faculty of Nursing

(Affiliated to Bareilly International University, Bareilly)

DECLARATION BY THE CANDIDATE

I hereby declare that this thesis protocol entitled
“.....”
.....” will be a bonafide and genuine research work carried out by me
under the supervision of *(Supervisor’s Name)* for partial
fulfilment of the regulations for the Award of the degree of **Doctor of Philosophy** in
Nursing.

Date:

Signature of the Candidate

(Name of Candidate)

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**DOCTOR OF PHILOSOPHY
(Pharmaceutical Sciences)**

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**FACULTY OF PHARMACEUTICAL
SCIENCES**

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Contact Number :

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Educational Qualification:

Qualification	Year of Passing	Board/University

PG Course:

Date of Joining:

Name of the Institute:

Faculty of Pharmaceutical Sciences

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This is to certify that the facilities for the research work entitled “.....” allotted to (Name of the Candidate) under my/our direct supervision and guidance do exist in the department of, Faculty of Pharmaceutical Sciences, Bareilly.

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Supervisor

Signature

Name with Degree

Co-Supervisors

Signature

Name with Degree

Signature

Name with Degree

Faculty of Pharmaceutical Sciences

(Affiliated to Bareilly International University, Bareilly)

DECLARATION BY THE CANDIDATE

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Pharmaceutical Sciences.

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