# BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY

Font: Times New Roman

Size : 28

Style: Capital letters (Bold)



Title «

Font: Times New Roman

Size : 24

Style : Sentence Case (Bold &)

Font: Times New Roman

Size : 18

Style: Sentence Case (Bold)

By

Name of the Candidate

Font: Times New Roman

Size : 16

Style: Sentence Case (Bold

& Italic)

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)

Font: Times New Roman

Size: 24

Style: Capital Letters (Bold)

(Batch \_\_\_\_\_

Font: Times New Roman

Size : 22

Style : Sentence Case

(Bold)

Font: Times New Roman

Size : 24

Style: Capital Letter (Bold)

FACULTY OF MEDICAL SCIENCES

#### **BIODATA OF THE CANDIDATE**

Name:		
Father's Name:		
Date of Birth:		
Mailing Address:		
Permanent Address:		
<b>Contact Number:</b>		
<b>Permanent Registration</b>	number with date:	
<b>Educational Qualification</b>	n:	
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.
<u>Supervisor</u>

Signature

Name with Degree

#### **Co-Supervisors**

**Signature** Signature

Name with Degree 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
<b></b>								
			" will be a b	onafide a	nd genui	ne research	work carried	out by me
under	the	supervision	of	•••••	•••••	. (Supervis	sor's Name)	for partial
fulfilr	nent	of the regul	ations for th	e Award	of the d	egree of <b>D</b>	octor of Phil	osophy in
•••••	•••••	•••••	(Spe	eciality).				
Date:						Signatur	re of the Cano	didate
						(Name	of Candid	ate)

#### Index

Introduction	Page 1 - 2
Brief review of literature	Page 2 - 3
Aim & Objectives	Page - 1
Material & Methods	Page 2 - 3
Bibliography (Vancouver system)	Page - 2
	_
Appendix (Proforma/Data sheet, Consent form, etc.)	Page 2 - 3
	_

#### THESIS PROTOCOL OUTLINE

Cover Page	
Biodata of the Candidate	
Declaration by the Candidate	
Certificate from Head of the Dept.	
Certificate from Supervisor & Co-Supervisor	
Index	
Introduction	Page -
Brief review of literature	Page -
Aim & Objectives	Page -
Material & Methods	Page -
References (Vancouver system)	Page -
Appendix (Proforma/Data sheet, Consent form, etc.)	Page -

## **BAREILLY INTERNATIONAL** UNIVERSITY, BAREILLY

Font: Times New Roman

Size: 28

Style: Capital letters (Bold)



Title <

Font: Times New Roman

Size: 24

Style: Sentence Case (Bold &)

Font: Times New Roman

Size: 18

Style: Sentence Case (Bold)

By

Name of the Candidate

Font: Times New Roman

Size : 16

Style: Sentence Case (Bold

& Italic)

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)  $\pi$ 

Font: Times New Roman

Size: 24

Style: Capital Letters (Bold)

(Batch \_\_\_\_\_)

Font: Times New Roman

Size : 22

Style: Sentence Case

(Bold)

Font: Times New Roman

Size: 24

Style: Capital Letter (Bold)

FACULTY OF DENTAL SCIENCES

#### **BIODATA OF THE CANDIDATE**

Name:		
Father's Name :		
Date of Birth:		
Mailing Address:		
Permanent Address :		
Contact Number:		
Permanent Registration	n number with date :	
<b>Educational Qualificati</b>	ion:	
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 "
<u>Supervisor</u>
Signature Name with Degree
<u>Co-Supervisors</u>

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	prot	ocol	enti	tled
··											
• • • • • • • • • • • • • • • • • • • •	" wi	ll be a bona	fide an	ıd gei	nuine rese	earch	work carri	ied ou	ıt by me	under	the
supervision	of	••••	• • • • • • •	(S	Supervisor	r's N	ame) for p	oartia	l fulfiln	nent of	the
regulations	for the	e Award	of	the	degree	of	Doctor	of	Philos	sophy	in
• • • • • • • • • • • • • • • • • • • •		(S <sub>I</sub>	peciali	ty).							
Date:							Signatu	re of	the Ca	ndidat	e
							(Name	e of (	Candi	date)	

### Index

Introduction	Page 1 - 2
Brief review of literature	Page 2 - 3
Aim & Objectives	Page - 1
Material & Methods	Page 2 - 3
References (Vancouver system)	Page - 2
Appendix (Proforma/Data sheet, Consent form, etc.)	Page 2 - 3

#### THESIS PROTOCOL OUTLINE

Cover Page	
Biodata of the Candidate	
Declaration by the Candidate	
Certificate from Head of the Dept.	
Certificate from Supervisor & Co-Supervisor	
Index	
Introduction	Page -
Brief review of literature	Page -
Aim & Objectives	Page -
Material & Methods	Page -
References (Vancouver system)	Page -
Appendix (Proforma/Data sheet, Consent form, etc.)	Page -

## **BAREILLY INTERNATIONAL** UNIVERSITY, BAREILLY

Font: Times New Roman

Size: 28

Style: Capital letters (Bold)



Title <

Font: Times New Roman

Size: 24

Style: Sentence Case (Bold &)

Font: Times New Roman

Size: 18

Style: Sentence Case (Bold)

By

Name of the Candidate

Font: Times New Roman

Size : 16

Style: Sentence Case (Bold

& Italic)

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**

(Nursing)

Font: Times New Roman

Style: Capital Letters (Bold)

(Batch \_\_\_\_\_

Font: Times New Roman

Size : 22

Style: Sentence Case

(Bold)

Font: Times New Roman

Size: 24

Style: Capital Letter (Bold)

**FACULTY OF NURSING** 

#### **BIODATA OF THE CANDIDATE**

Name:							
Father's Name:							
Date of Birth:							
Mailing Address:							
Permanent Address:							
<b>Contact Number:</b>							
Permanent Registration number with date:							
<b>Educational Qualification:</b>							
Educational Qualifica	ation:						
Educational Qualification	Year of Passing	Board/University					
-		Board/University					
-		Board/University					
-		Board/University					
-		Board/University					
Qualification		Board/University					

#### **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
"		••••	••••	•••••	•••••	• • • • • •	" allotte	ed to	(Nam	e of the C	andida	te) under
my/ou	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											
metho	dology	whi	ich c	conforms	s to the	e stan	dards of Ba	areilly	Inte	rnational U	Jniversi	ity.
						<u>Sur</u>	<u>oervisor</u>					
				Signat	ure							
				Name	with I	<b>Degre</b>	e					
					<u>(</u>	Co-Sı	<u>ipervisors</u>					
	Signa	itur	e							Signa	ature	
	Name	e wi	th D	egree						Nam	e with l	Degree

### **Faculty of Nursing**

(Affiliated to Bareilly International University, Bareilly)

#### **DECLARATION BY THE CANDIDATE**

	Ι	hereby	declare	that	this	thesis	protocol	entitled
<b>"</b>								
			" will be a b	onafide a	ınd genui	ne research	work carried	out by me
under	the	supervision	of	• • • • • • • • • • • • • • • • • • • •	•••••	. (Supervis	sor's Name)	for partial
fulfilı	nent	of the regul	ations for th	e Award	of the d	egree of <b>D</b>	octor of Phil	osophy in
Nursi	ing.							
Date:	:					Signatur	e of the Cano	lidate
						(Name	of Candid	āte)

#### Index

Introduction	Page 1 - 2
Brief review of literature	Page 2 - 3
Aim & Objectives	Page - 1
Material & Methods	Page 2 - 3
References (Vancouver system)	Page - 2
Appendix (Proforma/Data sheet, Consent form, etc.)	Page 2 - 3

#### THESIS PROTOCOL OUTLINE

Cover Page	
Biodata of the Candidate	
Declaration by the Candidate	
Certificate from Head of the Dept.	
Certificate from Supervisor & Co-Supervisor	
Index	
Introduction	Page -
Brief review of literature	Page -
Aim & Objectives	Page -
Material & Methods	Page -
References (Vancouver system)	Page -
Appendix (Proforma/Data sheet, Consent form, etc.)	Page -

# BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY

Font: Times New Roman

Size : 28

Style: Capital letters (Bold)



Title «

Font: Times New Roman

Size : 24

Style: Sentence Case (Bold &)

Font: Times New Roman

Size : 18

Style : Sentence Case (Bold)

By

Name of the Candidate

Font: Times New Roman

Size : 16

Style: Sentence Case (Bold

& Italic)

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**

(Pharmaceutical Sciences)

Font: Times New Roman

Size: 24

Style: Capital Letters (Bold)

(**Batch** \_\_\_\_\_)

Font : Times New Roman

Size : 22

Style: Sentence Case

(Bold)

Font: Times New Roman

Size : 24

Style: Capital Letter (Bold)

FACULTY OF PHARMACEUTICAL SCIENCES

#### **BIODATA OF THE CANDIDATE**

Name:		
Father's Name:		
Date of Birth:		
Mailing Address:		
Permanent Address:		
<b>Contact Number:</b>		
<b>Permanent Registration</b>	number with date:	
<b>Educational Qualification</b>	n:	
Qualification	Year of Passing	Board/University
PG Course:		
Date of Joining:		
Name of the Institute:		

#### **Faculty of Pharmaceutical 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	e of the Candidate) under
my/our direct supervision and guidance do exist	in the department of
, Faculty of Pharmaceutical Sciences	s, Bareilly.
I/we will ensure the authenticity of the thesis pro	otocol topic and research
methodology which conforms to the standards of Bareilly Intern	national University.
<u>Supervisor</u>	
Signature	
Name with Degree	
<u>Co-Supervisors</u>	
Signature	Signature
Name with Degree	Name with Degree

#### **Faculty of Pharmaceutical Sciences**

(Affiliated to Bareilly International University, Bareilly)

#### **DECLARATION BY THE CANDIDATE**

	I	hereby	declare	that	this	thesis	protocol	entitled
··								
							work carried	
unde	the	supervision	of	• • • • • • • • • • • • • • • • • • • •	•••••	. (Supervis	sor's Name)	for partial
fulfil	ment	of the regul	ations for th	e Award	of the d	egree of <b>D</b>	octor of Phil	osophy in
Phar	mace	utical Scien	ces.					
Date	:					Signatui	re of the Cano	lidate
						(Name	of Candid	ate)

#### Index

Introduction	Page 1 - 2
Brief review of literature	Page 2 - 3
Aim & Objectives	Page - 1
Material & Methods	Page 2 - 3
References (Vancouver system)	Page - 2
Appendix (Proforma/Data sheet, Consent form, etc.)	Page 2 - 3

#### THESIS PROTOCOL OUTLINE

Cover Page	
Biodata of the Candidate	
Declaration by the Candidate	
Certificate from Head of the Dept.	
Certificate from Supervisor & Co-Supervisor	
Index	
Introduction	Page -
Brief review of literature	Page -
Aim & Objectives	Page -
Material & Methods	Page -
References (Vancouver system)	Page -
Appendix (Proforma/Data sheet, Consent form, etc.)	Page -