**SYNOPSIS**

**Synopsis of the dissertation to be submitted as a partial**

**fulfillment of the requirement for award of the degree of**

**DOCTOR OF MEDICINE IN HOMOEOPATHY**

**M.D. (HOM.)**

**name of DEPARTMENT**



**DR. SARVEPALLI RADHAKRISHNAN RAJASTHAN AYURVED**

**UNIVERSITY, JODHPUR**

**SUBMITTED BY:**

**………………………**

**(batch 2016-17)**

**UNDER THE GUIDANCE AND SUPERVISION OF**

**……………………..**

**M.N. HOMOEOPATHIC MEDICALEGE & RESEARCH INSTITUTE**

**BIKANER, rajasthan pin—334001**

**APPLICATION FOR REGISTRATION OF THE SUBJECT FOR DISSERTATION**

**MANGILAL HOMOEOPATHIC MEDICAL COLLEGE & RESEARCH INSTITUTE BIKANER RAJASTHAN PIN-334001**

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| --- | --- |
| **NAME OF CANDIDATE** |  |
| **ADRESS** |  |
| **NAME OF THE STUDY AND SUBJECT** |  |
| **DATE OF ADMISSION TO COURSE** |  |
| **TITLE OF THE TOPIC** |  |

**TOPICS TO DISCUSS IN SYNOPSIS**

**UNDER FOLLOWING HEADINGS**

1. Introduction

2. Aims & Objectives

3. Review of Literature

4. Materials & Methods

(a) Study Setting

(b) Study Design

(c) Sample Selection

(d) Inclusion & Exclusion Criteria

(e) Data Collection

5. Results & Observation

(a) Cure

(b) Improve

(c) Status Quo

(d) Worse

CERTIFICATE

This is to certify that **-----------------------------------(Name of student)** S/O **----------------------------------------------** is bonafide student of MD (HOM) as a regular candidate in the subject of **---------------------------------------------**during the academic Session of 2016-17 in our institution.

She/He has been allotted the following topic for the dissertation work.

**----------------------------------------------------------------------------------------------------**

She/He has been assigned to **--------------------------** as a guide during the post graduation course.

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| **SIGNATURE OF THE CANDIDATE** |  |
| **NAME AND DESIGNATION OF GUIDE** |  |
| **REMARKS OF THE GUIDE** |  |
| **SIGNATURE** |  |
| **CO GUIDE** |  |
| **SIGNATURE** |  |
| **HEAD OF THE DEPARTMENT** |  |
| **SIGNATURE** |  |
| **NAME OF THE PRINCIPAL** |  |
| **SIGNATURE** |  |