

**DR. NTR UNIVERSITY OF HEALTH SCIENCES,
VIJAYAWADA**
UNDERGRADUATE STUDENT RESEARCH SCHOLARSHIPS (UGSRS)

APPLICATION FORM

(FILL IN BLOCK LETTERS ONLY)

STUDENT COURSE DETAILS:-

Full Name: _____

Course: MBBS / BDS / AYUSH / NURSING / BPT

Year of Study: _____

Name of the College: _____

Address of the College : _____

Phone No. of the College: _____

Email ID of the College : _____

STUDENT PERSONAL DETAILS:-

Gender : Male Female

Date of Birth :

D D M M Y YY

Residential Address: _____

Contact No: _____

Email ID: _____

DETAILS OF THE GUIDE :-

Full Name of the Guide: _____

Designation : _____

Department : _____

Name of the College: _____

Address _____

Contact No _____

Email ID _____

DETAILS OF THE RESEARCH PROPOSAL:-

Title: _____

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
- References

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

