

**FACULTY OF MEDICAL SCIENCES**  
**UNIVERSITY OF DELHI**

Application for submission of THESIS for the D.M./M.Ch. in \_\_\_\_\_

To,

The Assistant Registrar  
Faculty of Medical Sciences,  
University of Delhi,  
Delhi- 110007.

Sir,

I have been pursuing a Course of Research as a student of the University from \_\_\_\_\_ to \_\_\_\_\_ for the Degree of D.M./M.Ch. in \_\_\_\_\_ I submit herewith my Thesis entitled

(IN BLOCK LETTERS) in part fulfillment for the Degree of D.M./M.Ch. in \_\_\_\_\_ of the University of Delhi, Delhi based on the Protocol submitted by me last year. Three printed/ typed copies along with three copies of the Protocol are submitted herewith.

The fee of Rs. 5000/- and the required particulars are also submitted herewith. I have/ have not availed leave:-

- (a) for the period \_\_\_\_\_ for I year \_\_\_\_\_  
(b) for the period \_\_\_\_\_ for II year \_\_\_\_\_

NAME IN FULL \_\_\_\_\_

ADDRESS \_\_\_\_\_

**CERTIFICATE**

I. I/ We certify

(a) That Dr. \_\_\_\_\_ has pursued a regular Course of Research for two calendar year on the subject approved by the University, satisfactorily under my/ our supervision.

(b) That he/she bears a good moral character.

\_\_\_\_\_  
Signature of the Co-Supervisor, if any.

\_\_\_\_\_  
(Signature of the Supervisor)

\_\_\_\_\_  
(Remarks of the Head of the Department of the College/ Hospital concerned).

II.

(a) I certify that the Thesis is to be presented by Dr. \_\_\_\_\_ is in part fulfillment of the requirements for the Post-Graduate Degree in \_\_\_\_\_

(b) I also certify that the above Post-Doctoral Degree student has undergone the training programme including lectures, demonstration etc. to our entire satisfaction and is eligible to present his/her Thesis. I recommend that his/her Thesis may please be accepted.

\_\_\_\_\_  
Signature of the Head of the Institution/ Hospital

**PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN HIS/ HER OWN HANDWRITING**

1. Name of Applicant: \_\_\_\_\_ (IN BLOCK LETTERS: Name must correspond with the enrolment card. Women candidates must write 'Miss or Mrs.' as the case maybe).
2. Enrolment No.: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Please tick the Category (General/ Scheduled Caste/ Scheduled Tribe). \_\_\_\_\_
5. Place of permanent residence or domicile \_\_\_\_\_
6. Father's Name \_\_\_\_\_
7. Father's Occupation: \_\_\_\_\_
8. Year of passing the MD/MS Examination and the name of University with Roll No.

YEAR

ROLLNO.

UNIVERSITY

DIVISION

9. Subject of thesis (IN BLOCK LETTERS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(SIGNATURE OF THE CANDIDATE)

FULL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Give full address to which communication should be directed.

Thesis submitted by Dr. \_\_\_\_\_ in part fulfillment of the requirement for the examination in D.M./M.Ch. \_\_\_\_\_ may be accepted provisionally against the online payment for Rs. 5000/- drawn in favour of **The Director, South Delhi Campus, University of Delhi, New Delhi.**

Section Officer (Medical)

Deputy Registrar (Medical)

Countersigned \_\_\_\_\_

Chairman  
Board of Research Studies