

**APPLICATION FOR REGISTRATION OF RESEARCH PROTOCOL
FOR MD/MS DEGREE WITH SAMBALPUR UNIVERSITY**

1. Name of the Candidate(In Block Letter) :
2. Name of the Father :
3. Date of Birth :
4. Address: :

5. Final MBBS Examination Details :

<u>Year/Month</u>	<u>Institution</u>	<u>University</u>
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6. Date of Completion of Internship :
7. Permanent Medical Registration :

<u>Number :</u>	<u>Date: _____</u>	<u>State:</u>
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8. Migration Certificate(No. & Date) :
9. Date of Admission to the MD/MS course :
10. Date of Joining the Department :
11. MD/MS Discipline :
12. Title of the Thesis Protocol : [Enclose two copies of VIREC approved thesis protocol]

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13. Guide:

<u>Name _____</u>	<u>Qualification _____</u>	<u>Designation _____</u>
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 14. Co-Guide:(if any)

<u>Name _____</u>	<u>Qualification _____</u>	<u>Designation _____</u>
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 15. Signature of the Candidate/date :
 16. Signature of the Guide/date :
 17. Signature of Co-Guide/date :
 18. Signature of Head of Department/date :

Memo No. ____/ MC/Dated _____

Forwarded to the Registrar, Sambalpur University, Jyotivihar, Burla, Sambalpur Odisha for information and necessary action.

**Dean and Principal
VSS Medical College. Burla**