

Application Form For Prof .Dr.V.L. Ray Memorial Award

1. Personal Data

Name.....
 Age.....Gender M / F
 Address for correspondence -.....

 Telephone No. Mobile..... Landline.....
 e-mail address :.....

2. Qualifications :

a. MBBS

College	City	State	Month/ year of passing

b. Post Graduate

Type of Qualification	MD/DNB
Month/Year of Joining
Month/Year of passing the post graduate exams

3. Particulars of Thesis:

i.	Name of the topic of thesis	
ii.	Month/year of submission of thesis to the University/Board	
iii.	Name of the supervisor designation/ department Name of the co-supervisor designation/ department	a) b)
iv.	Has the thesis been accepted by the University/Board?	Yes / Under consideration / No
v.	Has similar work been done from India?	Yes / No
vi.	Relevance in the Indian context	
vii.	Is it an original research enquiry?	Yes / No

	If yes, then give justification in the right column Study design, sample size and methodology Statistical methods	
viii.	Have the findings from thesis been presented in any conference? If yes, Name/Place/Year of conference Also mention if the thesis has received any award by any other organization. If yes, Name/Place/Year of conference and organization.	Yes / No Yes / No
ix.	Has any abstract been published from the thesis? If yes -- Quote the reference	Yes / No
x.	Has any scientific paper been published from the thesis? If yes – Name of the journal – Complete reference Or proof of acceptance. Journal – International/National Pubmed indexed / Impact factor	Yes / No
xi.	Has any funding been obtained for carrying out the research work? If yes, name of funding agency Amount received	Yes / No
Xii	Has ethical clearance been obtained. Copy of ethical clearance	Yes / No

Dated:..... / /
DD/YY/MM

.....

Applicant
(Name & Signature)

Chief Supervisor
(Name & Signature)

Note : In case additional space is needed , kindly add separate sheets
Refer to Annexure I and Annexure II and fill the undertaking.

Annexure - I

Documents to be submitted

1. Two copies of the duly completed application form duly signed by the applicant and countersigned by the Chief Guide of the thesis and forwarded by the Head of the Institution.
2. Not necessary, for example in our institute submission of thesis is in October but exams are next year in April.
3. Self attested copy of thesis certificate which has signatures of the Guide/ Supervisor .
4. Synopsis / Executive summary of thesis - Abstract, introduction and brief review of relevant literature, Lacunae in the existing literature, Detailed Materials and Methods, Results, Discussion, Summary and Conclusions, References. The entire thesis should not be sent.
5. The research paper which has been published as a full length paper or accepted must be submitted along with the form.
6. Form of undertaking by the applicant as per Annexure – II.

Annexure - II

FORM OF UNDERTAKING BY THE APPLICANT

I, Dr.....would
like to submit as under :

1. That the research work embodied in the thesis/, entitled.....
..... is
my original work carried out under the guidance of Supervisor and Co-
Supervisor(s).....

.....

Name / Signature