# ATAL MEDICAL RESEARCH UNIVERSITY MANDI, HIMACHAL PRADESH

PROTOCOL OF THESIS FOR THE DEGREE OF

(Session)

## TITLE

****

Submitted by: NAME

Designation, Department,

Indira Gandhi Medical College Shimla, Himachal Pradesh

# ATAL MEDICAL RESEARCH UNIVERSITY MANDI, HIMACHAL PRADESH

**Protocol for approval of the thesis subject for the award of the degree of**

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| --- | --- | --- |
| 1. | Name of the candidate,  Mobile No |  |
| 2. | Father’s Name: |  |
| 3. | Present Address: |  |
| 4. | Year of passing MBBS: |  |
| 5. | College / University of  Graduation: |  |
| 6. | University of graduation: |  |
| 7. | Proposed subject of thesis: |  |
| 8. | Facilities for thesis: | Available in the Department of , IGMC Shimla, HP |
| 9. | Detailed plan for thesis: | Plan attached |
| 10. | Name and address of  Supervisor |  |
| 11. | Name and address of  Co-Supervisors: |  |

**Signature of candidate**

# CERTIFICATE OF SUPERVISORS

We certify that facilities for work on the subject of the thesis “ ” do exist in the Department of of Indira Gandhi Medical College Shimla, HP. These facilities would be provided to the candidate. We shall guide the candidate in his/her work and see that the data included in the thesis are genuine and that the candidate himself/herself has done the work.

# SUPERVISOR CO-SUPERVISOR

NAME DESIGNATION,

Department of , IGMC Shimla, HP

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## PLAGIARISM DECLARATION REPORT

I hereby declare that the AI generated content in this research protocol titled “ ” is **less than 30%** as verified by [**Name of Online Tool Used**]. The AI plagiarism report generated by the tool is attached as an annexure to this declaration.

I affirm that the majority of the work presented in this protocol is my original contribution, and I have appropriately cited and referenced all sources used. I am responsible for content produced by AI technology in this work. This includes responsibility for accuracy, suitable attribution of sources, and absence of plagiarism.

Student’s Signature:

Name: [Student’s Full Name] Date: [DD/MM/YYYY]

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## SUPERVISOR CO. SUPERVISOR

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Name: Name:

Department: Department:

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