

DR. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA

UNDERGRADUATE STUDENT RESEARCH SCHOLARSHIPS (UGSRS)

APPLICATION FORM

(FILL IN BLOCK LETTERS ONLY)

DETAILS OF THE STUDENT:-

Name of the student: _____

Date of Birth :

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D D M M Y YY

Gender : Male ☐ Female ☐

Course: MBBS / BDS / AYUSH / NURSING / BPT/B.Sc MLT / Other Paramedical

University Roll No: _____

Year of Study & I/II/III/IV (Tick Appropriate Number)

Name of the College: _____

Address of the College : _____

Phone No. of the College: _____

Email ID of the College : _____

Student Ph No: _____

Student 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:
 - Title
 - Introduction
 - Objectives
 - Methodology
 - Implications
 - Conclusion
 - References
- 2) Ethics Committee Application / Certificate (Can be submitted after acceptance of Research Proposal)
- 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

APPLICATION ATTESTATION FORM (AAF)- UGSRS 2025

Name of the Student:

Name of the Guide:

Name of MBBS / BDS / AYUSH / NURSING / BPT/B.Sc MLT / Other

Paramedical Institute:.....

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Bank Account Details of the applicant

Name of the Bank & Branch.....

A/c No..... IFSC Code.....

Title of the UGSRS Proposal:

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Certificate to be signed by the Student

I certify that, I am an MBBS / BDS / AYUSH / NURSING / BPT/B.Sc MLT / Other Paramedical courses student and am here by providing true information in the application form for UGSRS 2025 best to my knowledge. I am submitting only one application for UGSRS 2025. In the event any information is found to be false, my studentship may be cancelled. I also certify that, the research proposal is an original work prepared under the guidance of my Guide. I confirm that I have not committed 'plagiarism' in preparing this proposal. I understand that after evaluation of my proposal, I may or may not be selected, and I shall abide by the decision of Dr. NTR UHS.

Paste recent
colour passport
size Photograph

(Attested by the
principal/Dean)

If selected, I shall follow all instructions provided by the Dr. NTR UHS for carrying out the research, preparation and submission of UGSRS report. I also understand that if I am unable to complete my project & submit the report before the last date, no certificate or stipend will be awarded to me. I have gone through all the instructions, and terms & conditions for UGSRS 2025 provided by Dr. NTR UHS and will abide by them.

Name of the Student: -----

Signature of Student

Date:

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms._____
Studying MBBS/BDS/AYUSH/NURSING/BPT/ B.Sc MLT / Other
Paramedical-I/II/III/IV(tick appropriate) institute_____.
I certify that he/she is not an intern/PG and I will offer him/her all facilities and guidance for carrying out UGSRS research. I also certify that the proposal is an original submission prepared by the student under my guidance. I confirm that neither me and nor my student has committed 'plagiarism' in preparing this proposal. I am forwarding only one UGSRS 2025 student application. If my student is selected, I shall provide required facilities to enable early completion of research work, so that the report is submitted before the last date.

Name:

Designation:

Department:

Signature of Guide:

Attested By

Signature of Head of Department

Signature of Head of the Institute

(Name in Block letters with seal)

(Name in Block letters with seal)

Fill form completely & check it before submission.

