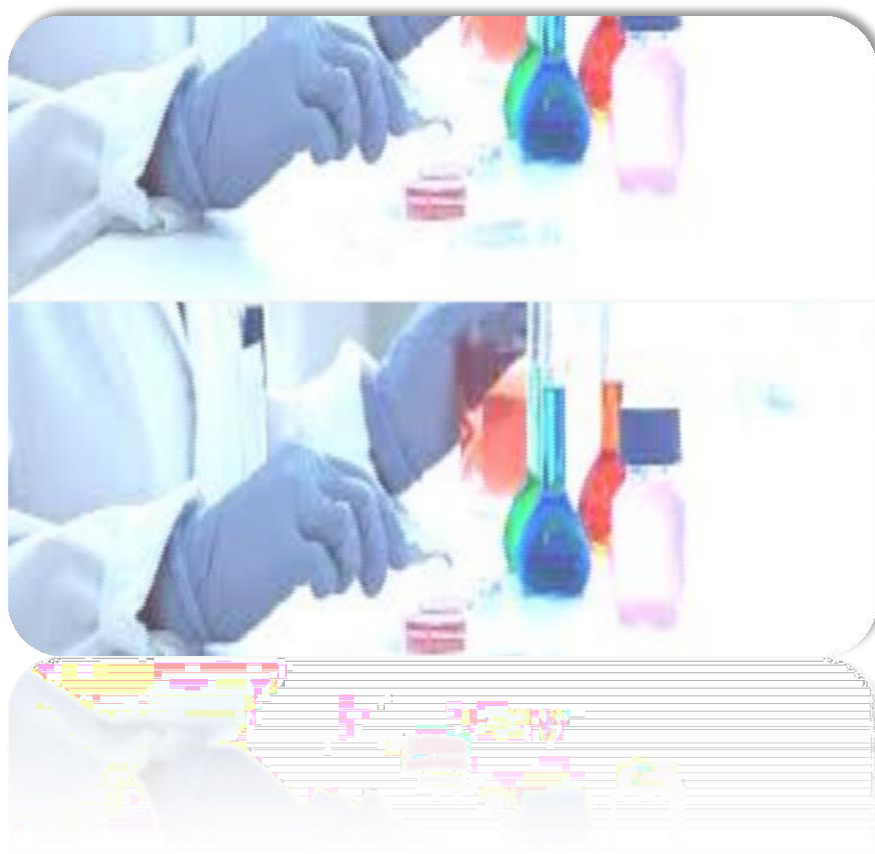




**UNIVERSITY RESIDENCY PROGRAM -2019**  
**LOG BOOK OF RESEARCH ELECTIVE**  
**RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI**





## PREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Neurosurgery.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the **MD/MS Research Elective** program at RMU. A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. It also allows the clinicians to gain an understanding of what goes into basic science discoveries and drug development. Translational **research** has an **important role** to play in **medical research**, and when used alongside basic science will lead to increased knowledge, discovery and treatment in **Neurosurgery**. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by **Quality Assurance Cell** and its comments in the logbook in addition to evaluation by **University Training Monitoring Cell (URPMC)**. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

**Prof. Muhammad Umar**  
**(Sitara-e-Imtiaz)**  
(MBBS, MCPS, FCPS, FACG,  
FRCP (Lon), FRCP (Glasg), AGAF)  
**Vice Chancellor**  
**Rawalpindi Medical University**  
**& Allied Hospitals**

ENROLMENT DETAILS

Program of Admission \_\_\_\_\_

Session \_\_\_\_\_

Registration / Training Number \_\_\_\_\_

Name of Candidate \_\_\_\_\_

Father's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

CNIC No. \_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Start of Training \_\_\_\_\_

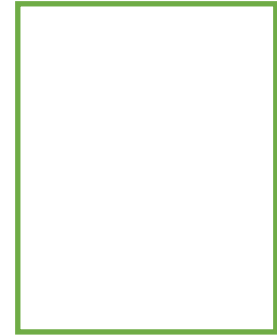
Date of Completion of Training \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Designation of Supervisor \_\_\_\_\_

Qualification of Supervisor \_\_\_\_\_

Title of department / Unit \_\_\_\_\_



## **MOTO OF RAWALPINDI MEDICAL UNIVERSITY**

*Truth Wisdom & Service*

## **MISSION STATEMENT**

- To impart evidence based research oriented *medical* education.
- To provide best possible patient care.
- To inculcate the **values** of mutual respect and ethical practice of **Neurosurgery**.
- Highly recognized and accredited centre of excellence in **Medical** Education, using evidence-based training techniques for development of highly competent health professionals.

**LOG OF RESEARCH ELECTIVE**

***(RESEARCH ELECTIVE WOULD BE TAUGHT 08:00 AM TO 02:00 PM & RESIDENT WOULD PERFORM THE DUTY OF EVENING CALLS AS PER ROTA.)If required***

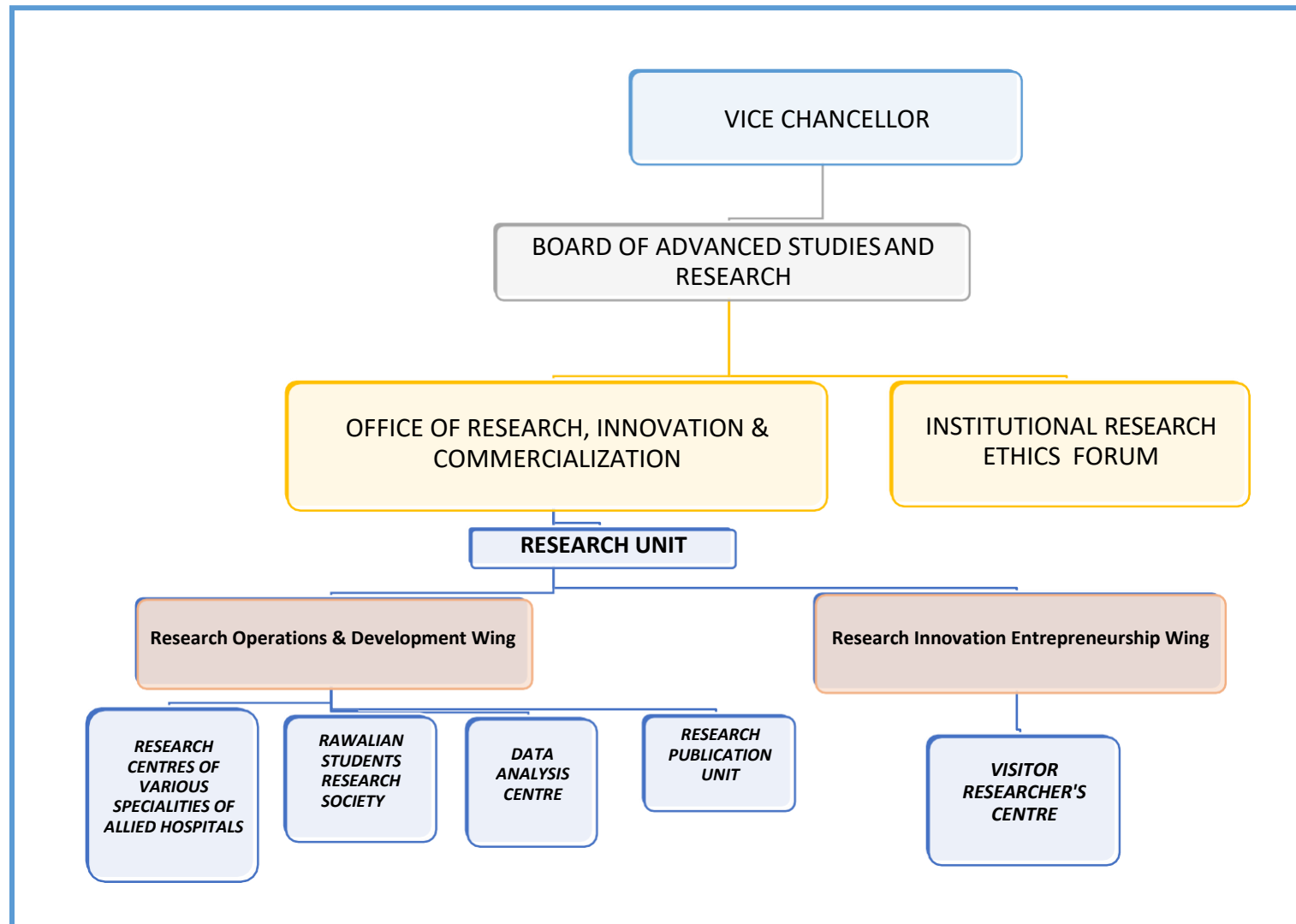
Neurosurgery residents' outlook in research can be significantly improved using a research curriculum offered through a structured and dedicated research rotation. This is exemplified by the improvement noted in resident satisfaction, their participation in scholarly activities and resident research outcomes since the inception of the research rotation in our Neurosurgery training program. Residents' research lead to better clinical care, correlates with the pursuit of academic careers, increases numbers of clinician investigators, and is an asset to those applying for fellowships. We report our success in designing and implementing a "Structured Research Curriculum" incorporating basic principles within a research rotation to enhance participation and outcomes of our residents in scholarly activities within a busy residency training program setting.

**REFERENCE:**

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/1472-6920-6-52>

## ROTATION CURRICULUM OF MS NEUROSURGERY FOR RESEARCH

### ORGANIZATIONAL STRUCTURE OF RESEARCH AT RAWALPINDI MEDICAL UNIVERSITY



**BASELINE PERFORMA TO BE FILLED IN BY RESIDENTS  
BEFORE ORIENTATION SESSION:  
RAWALPINDI MEDICAL UNIVERSITY**

1. Name of Trainee: \_\_\_\_\_
2. Gender: Male: \_\_\_\_\_ Female: ☐
3. Specialty: \_\_\_\_\_
4. Unit/Department: \_\_\_\_\_
5. Hospital: \_\_\_\_\_
6. Date Of Commencement of Training: \_\_\_\_\_
7. Anticipated year of Training: \_\_\_\_\_
8. Registration No: \_\_\_\_\_
9. Name of Supervisor: \_\_\_\_\_
10. A. Have you ever attended any research methodology workshop/course/training: YES: ☐ NO: ☐
10. B If yes, please enters the details of the course/workshop (mention the last 5 workshops/courses in case of exceeding 5, starting from the latest as SR # 1

SR #	Date/Month and year of training course/workshop	Title of training course/workshop	Organizing institution/company.	Duration of course in days	What was the main content/learning outcome of the research course?
1.					
2.					
3.					
4.					
5.					

11. A. Have you ever attended any workshop or course regarding synopsis development or research proposal development:  
YES: ☐ NO: ☐
11. B. If yes please mention details of the course/workshop (mention the last 3 workshops/courses in case of exceeding 3, starting from the latest as SR # 01):

SR #	Date/Month and year of training course/workshop	Title of training course/workshop	Organizing institution/company.	Duration of course in days	What was the main content/learning outcome of the research course?
1.					
2.					
3.					

12. Do you consider yourself proficient/skilled enough to write a research proposal independently with appropriate methodology:

13. YES: ☐ NO: ☐ UNCERTAIN: ☐

14. A. Have you ever formulated a research proposal previously? YES: ☐ NO: ☐

13. B. If yes please mention the details of the synopsis/proposals developed by you (mention the last 3 synopsis/proposals in case of exceeding 3, starting from the latest as SR # 01):

SR #	Date/Month and year of formulating proposal	Title of Proposal	Did you formulate as a pre-requisite to any degree or funding? Please mention its purpose and	Was the proposal submitted anywhere for approval/acceptance? If yes, where? And was it approved or modified or accepted?	Did you pursue that synopsis and completed the research? Yes /No. Please mention reason for not completing the research after development of synopsis if answer is no.
1.					
2.					
3.					

A. Have you ever written a research paper/manuscript previously: YES: ☐ NO: ☐

14. B. If yes please mention the last five manuscripts in case of exceeding 5, starting from the latest as Sr # 1):

Sr #	Date/Month and year of formulating the manuscript/paper	Title of Paper	Was it an original article/short communication/case study/systematic review/meta analysis/editorial/any other academic writing in a journal? Please specify	Was the manuscript ever submitted any publication? Yes or No. If No give reason please. If yes to which journal/s and was it approved for publication or rejected?	If published please specify title of journal and edition and year of publication.
1.					
2.					
3.					
4.					
5.					

15. Have you ever been involved in any of the following research activities during last 2 years? (Please tick in the appropriate boxes):

a) Review of Medical literature ☐

b) Write up of literature review ☐



- c) Vancouver/Harvard referencing ☐
- d) Used any Plagiarism detection tool ☐
- e) Formulated research methodology of a research project/synopsis ☐
- f) Formulated any data collection tool/Performa /checklist/questionnaire for research project ☐
- g) Collected data through Performa's/interviews/observations/scales/Focus Group Discussions etc. ☐
- h) Entered data in any computer based software e.g. SPSS, Epi-info, Microsoft Excel etc. ☐  
If yes mention name of soft ware: \_\_\_\_\_
- i) Analyzed quantitative or qualitative data in any computer based software ☐
- j) Write up of results of study with formulation of tables or graphs ☐
- k) Write up of discussion of a paper ☐
- l) Ever submitted a manuscript to any journal ☐

16. Title of research assigned to you by your supervisor you're your MD/MS programme: \_\_\_\_\_

17. Please mention which of the following activities you already have performed regarding your research project/THESIS as requisite to MD/MS programme:  
(Please tick in the appropriate boxes):

- a) Topic selection ☐
- b) Review of literature ☐
- c) Write up of literature review ☐
- a) Vancouver/Harvard referencing ☐
- b) Checked Plagiarism through detection tool ☐
- c) Formulated research methodology of a research project/synopsis ☐
- d) Formulated any data collection tool/Performa /checklist/questionnaire for your research ☐
- e) Collected data through data collection tools/scales ☐
- f) Entered data in any computer based software (e.g. SPSS, Epi info, Microsoft Excel etc.) ☐
- g) Analyzed data in any computer based software ☐
- h) Have formulated results of study with tables or graphs ☐
- i) Formulated discussion of THESIS ☐

j) Written conclusion and abstract of your THESIS ☐

k) Submitted your THESIS to your supervisor ☐

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18. What are your expectations from this research course/module of MS/MD programme and any specific areas of training you want to be paid special emphasis by the trainers:?

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Thank you

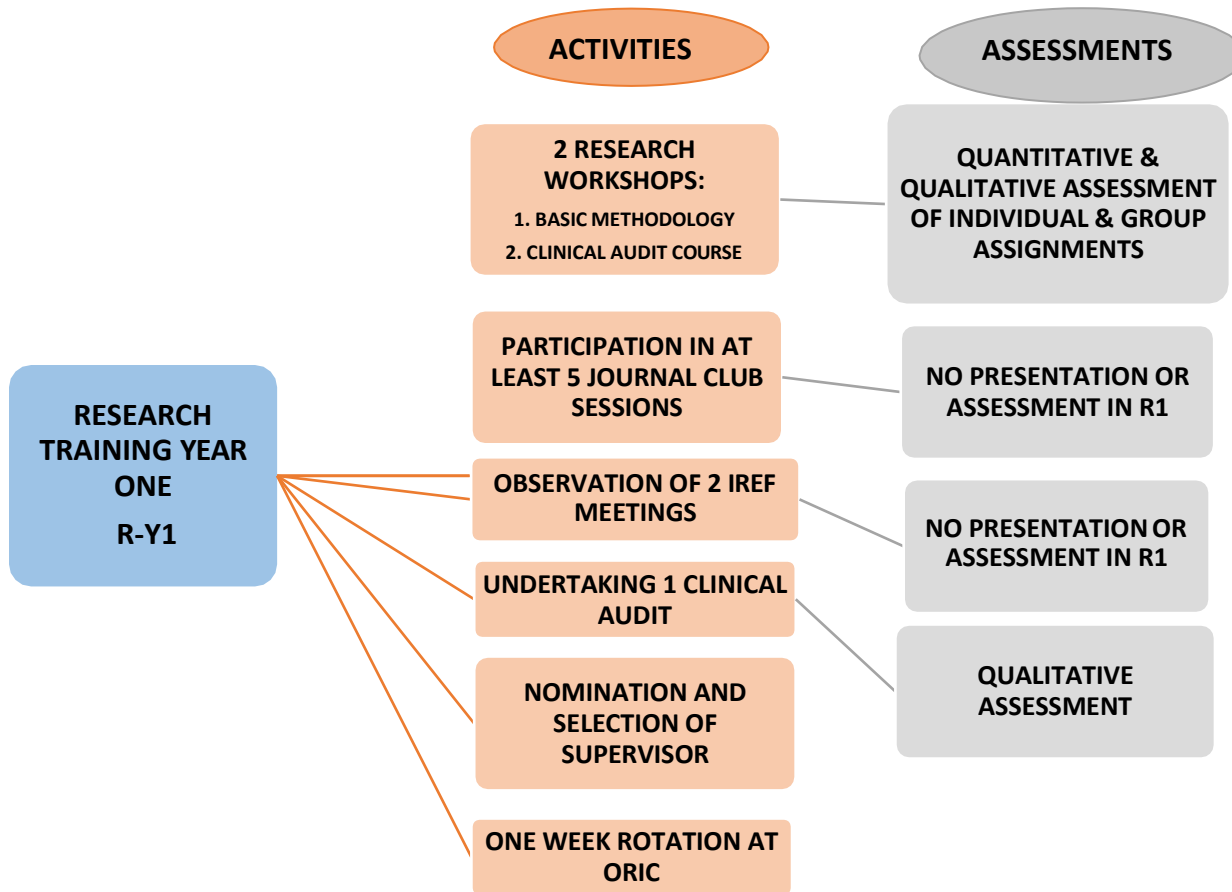
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Date of filling the Performa: \_\_\_\_\_

Signatures of the resident: \_\_\_\_\_

Signatures of the Director of ORIC, RMU:\_\_\_\_\_.

## **RESEARCH COURSE OF FIRST TRAINING YEAR-Y1**



## SECTION- 1

### 3 DAYS -BASIC RESEARCH METHODOLOGY WORKSHOP DAY 1 OF WORKSHOP:

Date & Venue: \_\_\_\_\_

Modules of Day 1 of Workshop	TITLE OF MODULES OF DAY 1	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
<b>Module 1</b>	Introduction to health systems research Identifying and Prioritizing Research Problems			
<b>Module 2</b>	Analysis and statement of problem & Introduction to Literature review			
<b>Module 3</b>	Literature review Referencing systems; Vancouver & Harvard referencing systems			
<b>Module 4</b>	Literature review Referencing managing systems			
<b>Module 5</b>	Plagiarism			
<b>Module 6</b>	Formulation of research objectives			
<b>Module 7</b>	Formulation of Hypothesis for a research			
<b>Module 8</b>	Research methodology; Variables and Indicators			

**DAY 2 OF BASIC RESEARCH METHODOLOGY WORKSHOP:**

Date &amp; Venue: \_\_\_\_\_

Modules of Day 2 of Workshop	TITLE OF MODULES OF DAY 2	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
<b>Module 1</b>	Research methodology; Study types			
<b>Module 2</b>	Data collection techniques			
<b>Module 3</b>	Data collection tools			
<b>Module 4</b>	Sampling			
<b>Module 5</b>	Plan for Data Entry , storage and Statistical Analysis			

### DAY 3 OF BASIC RESEARCH METHODOLOGY WORKSHOP:

Date & Venue: \_\_\_\_\_

Modules of Day 3 of Workshop	TITLE OF MODULES OF DAY 3	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
<b>Module 1</b>	Pilot and project planning			
<b>Module 2</b>	Budgeting for a study			
<b>Module 3</b>	Project administration			
<b>Module 4</b>	Plan for dissemination			
<b>Module 5</b>	Research ethics & concepts of protection of human study subjects			
<b>Module 6</b>	Differences between original articles, short communication, case reports, systematic reviews and meta-analysis			
<b>Module 7</b>	Writing a Case report			
<b>Module 8</b>	Critical Appraisal of a research paper			
<b>Module 9</b>	<ul style="list-style-type: none"> <li>Making effective power-point presentations of a Research Project</li> </ul>			
<b>Module 10</b>	<ul style="list-style-type: none"> <li>Making effective poster presentations</li> </ul>			

## SECTION- 2

### INDIVIDUAL AND GROUP (HOME TASK) ASSIGNMENTS OF THE RESIDENTS REGARDING BASIC RESEARCH METHODOLOGY WORKSHOP

ASSIGNMENT'S NUMBER	TITLE	DATE OF SUBMISSION:	ORIGINALITY SCORE OF ASSIGNMENT IN TURN- IT-IN PLAGIARISM DETECTION SOFTWARE	FACILITATOR'S REFLECTION ON CORRECTNESS, COMPLETION AND QUALITY OF INDIVIDUAL OR GROUP ASSIGNMENTS OF THE WORKSHOP	SCORES ATTAINED OUT OF TOTAL ATTAINABLE SCORE	SIGNATURE OF FACILITATORS	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)

## SECTION- 3

### ONE DAY – WORKSHOP ON UNDERTAKING CLINICAL AUDIT

Date & Venue: \_\_\_\_\_

Modules of Day 1 of Workshop	TITLE OF MODULES OF DAY 1	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
<b>Module 1</b>	Introduction to a clinical audit and its importance			
<b>Module 2</b>	Types of Clinical Audit			
<b>Module 3</b>	Process and steps of Clinical Audit			
<b>Module 4</b>	Methodology of Clinical Audit			
<b>Module 5</b>	Data Analysis of a Clinical Audit			
<b>Module 6</b>	Clinical Audit Report Writing			
<b>Module 7</b>	Dissemination of the report			



## SECTION- 4

### JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 1

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		
5.		A. B. C.	A. B. C.	A. B. C.		

**SECTION- 5****INSTITUTIONAL RESEARCH & ETHICS FORUM MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 1**

IREF MEETING #	DATE/VENUE	TITLES OF THE RESEARCH PROPOSALS PRESENTED IN THE IREF MEETING	ANY QUESTION OR COMMENT MADE ON THE PRESENTATIONS BY THE OBSERVER	SIGNATURE OF THE CONVENER OF THE MEETING (NAME/STAMP)
1.				
2.				
3.				
4.				
5				

**SECTION- 6****UNDERTAKING A CLINICAL AUDITS UNDERTAKEN AS A GROUP MEMBER DURING YEAR 1**

<b>TITLE OF THE CLINICAL AUDIT</b>	<b>UNIT/DEPARTMENT WHERE THE AUDIT WAS CONDUCTED/NAME OF SUPERVISOR</b>	<b>PERSON WHO CONDUCTED THE AUDIT AND CONTENT OF CONTRIBUTION IN THE CLINICAL AUDIT</b>	<b>DISSEMINATION OF REPORT OF AUDIT: (A. WAS CLINICAL AUDIT REPORT PUBLISHED AS ANNUAL AUDIT REPORT/IN A RESEARCH JOURNAL? IF YES, DATE AND YEAR OF PUBLICATION AND NAME OF JOURNAL B. WAS CLINICAL AUDIT PRESENTED IN CPC OF RMU? IF YES DATE AND VENUE)</b>	<b>SIGNATURE OF THE DEAN (NAME/STAMP)</b>
1.				
2.				
3.				
4.				
5				

**SECTION- 7****RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR**

<b>Sr #</b>	<b>DATE/VENUE /DURATION OF MEETING</b>	<b>AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)</b>	<b>ACTION POINTS AND SUPERVISOR'S REFLECTIONS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>	<b>HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					

9					
10					
11					
12					
13					
14					
15					
16					

**SECTION- 8****RECORD OF RESIDENT'S ONE WEEK'S ROTATION AT ORIC**

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
1					
2					
3					
4					
5					
6					
7					
8					

**SECTION- 9****ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT DURING YEAR 1**

<b>Sr#</b>	<b>DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP</b>	<b>TITLE OF TRAINING COURSE/WORKSHOP</b>	<b>ORGANIZING INSTITUTION/COMPANY</b>	<b>DURATION OF COURSE IN DAYS/MODE OF COURSE (online or physically attended)</b>	<b>THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.</b>

## SECTION- 10

### RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 1

SR #	TITLE OF THE LITERATURE REVIEWED	DATE/MONTH AND YEAR OF PUBLICATION	TITLE OF THE JOURNAL/BOOK	WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC WRITING (e.g. reports, books, conference papers, THESISs, Research and program reports- published/unpublished)?PLEASE SPECIFY
1				
2				
3				
4				
5				

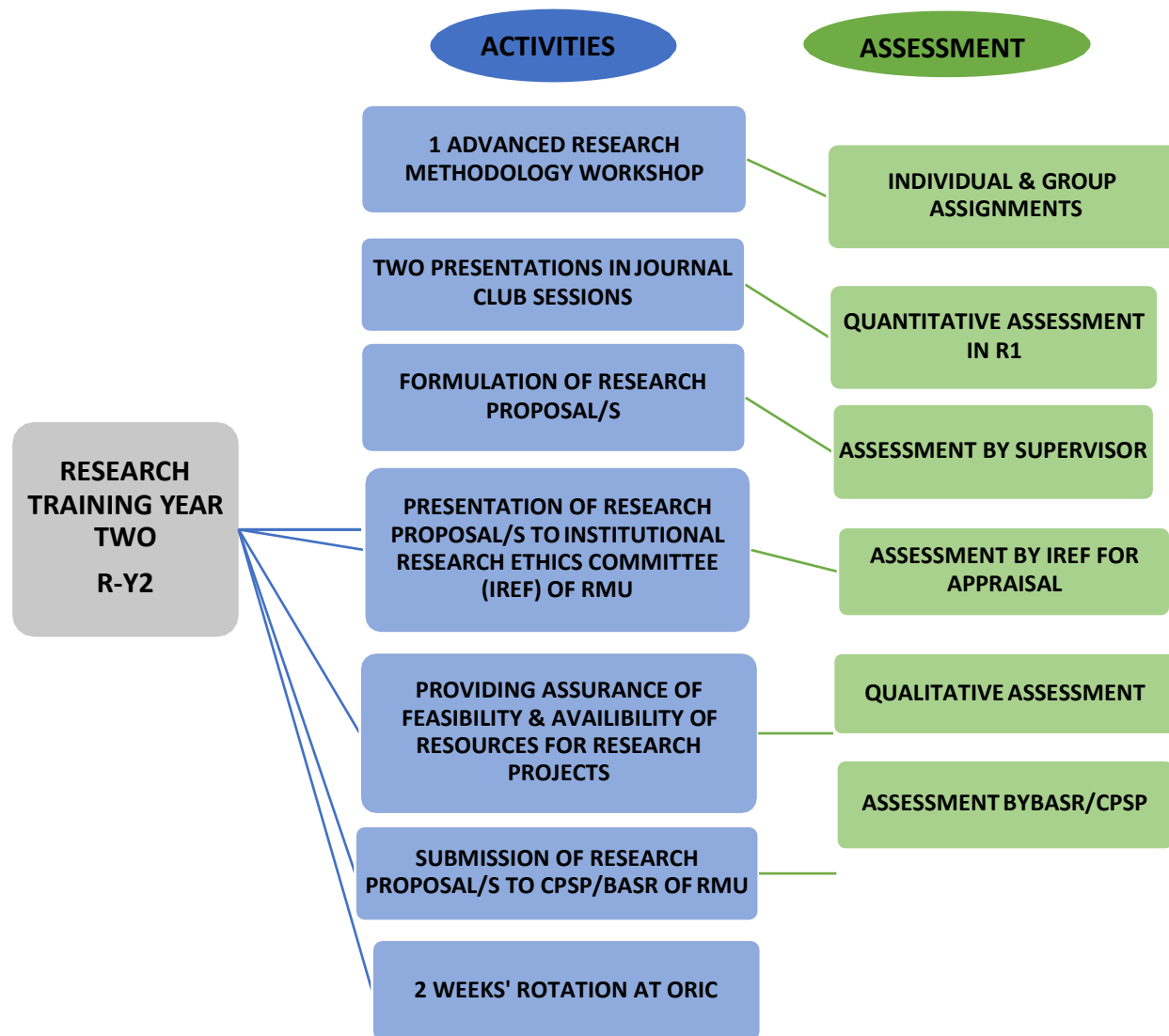


6				
7				
8				
9				
10				
11				

**SECTION-11****RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 1**

SL #	TITLE OF THE MANUSCRIPT	IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED	TITLE OF THE JOURNAL	WAS IT REVIEWED, MODIFIED, ACCEPTED OR REJECTED. PLEASE SPECIFY	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)

## RESEARCH COURSE OF SECOND RESEARCH TRAINING YEAR (R-Y2)



## SECTION- 1

### 3 DAYS –ADVANCED RESEARCH METHODOLOGY WORKSHOP

#### DAY 1 OF WORKSHOP:

Date & Venue: \_\_\_\_\_

Modules of Day 1 of Workshop	TITLE OF MODULES OF DAY 1	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
<b>Module 1</b>	<ul style="list-style-type: none"> <li>• Introduction to Biostatistics</li> <li>• Description of Variables</li> <li>Numerical methods of Data summarization (Manual as well as through Statistical Package of Social Sciences)</li> </ul>			
<b>Module 2</b>	Graphical presentation of data			
<b>Module 3</b>	Cross-tabulation of quantitative data			
<b>Module 4</b>	Measures of Association based on risk			
<b>Module 5</b>	Confounding and methods to control confounding			
<b>Module 6</b>	Basic statistical concepts; Measure of dispersion and confidence Intervals			

**DAY 2 OF ADVANCED RESEARCH METHODOLOGY WORKSHOP:**  
**Date & Venue: \_\_\_\_\_**

Modules of Day 2 of Workshop	TITLE OF MODULES OF DAY 2	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
<b>Module 1</b>	Hypothesis testing for a research			
<b>Module 2</b>	Tests of Significance			
<b>Module 3</b>	Determining difference between two groups- categorical data Paired & unpaired observations			
<b>Module 4</b>	Determining difference between two groups- numerical data Paired & unpaired observations			
<b>Module 5</b>	Determining difference between more than two groups- numerical data ANOVA (Analysis of Variance)			

**DAY 3 OF ADVANCED RESEARCH METHODOLOGY WORKSHOP:**

**Date & Venue:** \_\_\_\_\_

Modules of Day 3 of Workshop	TITLE OF MODULES OF DAY 3	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
<b>Module 1</b>	Determining Correlation between variables			
<b>Module 2</b>	Regression Analysis			
<b>Module 3</b>	Diagnostic Accuracy of a test			
<b>Module 4</b>	Writing a research paper			
<b>Module 5</b>	Writing a THESIS			

**SECTION- 2****INDIVIDUAL AND GROUP (HOME TASK) ASSIGNMENTS OF THE RESIDENTS  
3 REGARDING ADVANCED RESEARCH METHODOLOGY WORKSHOP**

ASSIGNMENT'S NUMBER	TITLE	DATE OF SUBMISSION:	ORIGINALITY SCORE OF ASSIGNMENT IN TURN- IT-IN PLAGIARISM DETECTION SOFTWARE	FACILITATOR'S REFLECTION ON CORRECTNESS, COMPLETION AND QUALITY OF INDIVIDUAL OR GROUP ASSIGNMENTS OF THE WORKSHOP	SCORES ATTAINED OUT OF TOTAL ATTAINABLE SCORE	SIGNATURE OF FACILITATORS	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)

## SECTION- 3

### 4 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 2

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		
5		A. B. C.	A. B. C.	A. B. C.		



**SECTION- 4****2 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS A PRESENTER DURING YR 2**

Journal Club Meeting #	Date	Title Of The Article Presented By Resident In The Journal Club Meeting	Title Of Journal/ Year Of Publication	Reflection Of Two Senior Faculty Members On The Presentation	Senior Faculty Members Signature	Reflection Of The HOD On The Presentation And Scores Given Out Of Attainable Total Score Of 25	Head Of Department's Signature (Name/Stamp)
1.							
2.							

SIGNATURE OF THE DEAN OF SPECIALITY: \_\_\_\_\_

SIGNATURE (NAME/STAMP): \_\_\_\_\_

**SECTION- 5****APPROVAL OF TOPIC OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT DURING YR 2:*****TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS***

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**APPROVAL OF THE TOPIC:** \_\_\_\_\_

NAME OF THE PERSON APPROVING THE TOPIC OF SYNOPSIS	DESIGNATION OF THE PERSON APPROVING THE TOPIC OF SYNOPSIS	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>DEAN OF SPECILAITY</i>		
	<i>DIRECTOR ORIC</i>		
	<i>CO- CHAIRPERSON OF THE BOARD OF ADVANCED STUDIES &amp; RESEARCH OF RMU</i>		

## SECTION- 6

COMPLETION OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT DURING YR 2 (TILL MONTH 8 OF YR 2):

**TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:** \_\_\_\_\_

SR #	DATE	ASPECTS OF THE SYNOPSIS/RESEARCH PROPOSAL REVIEWED	REFLECTION OF RESEARCH ASSOCIATES/DEPUTY DIRECTOR ORIC ON THE CONTENT & QUALITY OF THE PROPOSAL	RESEARCH ASSOCIATES/DEPUTY DIRECTOR'S SIGNATURE	REFLECTION OF THE SUPERVISOR ON THE CONTENT & QUALITY OF THE PROPOSAL	SUPERVISOR'S SIGNATURE (NAME/STAMP)
1.		Introduction and rationale (with Vancouver/Harvard in text citations)				
2.		Research aim, purpose and objectives				
3		Hypothesis, if required according to the study design.				
4		Operational Definitions				

5A		<i>Research Methodology:</i> Setting				
5B		<i>Research Methodology:</i> Study Population				
5C		<i>Research Methodology:</i> Study Duration				
5D		<i>Research Methodology:</i> Study Design				
5E		<i>Research Methodology:</i> a) Sampling: (Sample size with statistical justifications, sampling technique, inclusion criteria & exclusion criteria)				

5F		<i>Research Methodology:</i> Data Collection technique/s				
5G		<i>Research Methodology:</i> Data Collection tool/s				
5H		<i>Research Methodology:</i> Data Collection procedure				
6		Plan for Data entry & Analysis				
7		Ethical Considerations				

8		Work plan/Gantt chart				
9		Budget with justifications				
10		Reference list according to the Vancouver referencing style				
11		Annexure <i>(including data collection tool or Performa, consent form, official letters, scales, scoring systems and/or any other relevant material)</i>				

## SECTION- 7

### APPROVAL OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT DURING YR 2:

**TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:**

**APPROVAL OF THE SYNOPSIS/PROPOSAL:** \_\_\_\_\_

DATE ON WHICH PROPOSAL WAS PRESENTED	NAME OF THE PERSON APPROVING THE SYNOPSIS	DESIGNATION OF THE PERSON APPROVING THE SYNOPSIS	SIGNATURES	STAMP
		<i>SUPERVISOR</i>		
		<i>HEAD OF DEPARTMENT</i>		
		<i>DEAN OF SPECILAITY</i>		
		<i>DIRECTOR ORIC</i>		
		<i>CHAIRPERSON OF THE INSTITUTIONAL RESEARCH AND ETHICS FORUM OF RMU</i>		
		<i>CO- CHAIRPERSON OF THE BOARD OF ADVANCED STUDIES &amp; RESEARCH OF RMU</i>		

**SECTION- 8****RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR IN YEAR 2**

<b>SR #</b>	<b>DATE/VENUE /DURATION OF MEETING</b>	<b>AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)</b>	<b>ACTION POINTS AND SUPERVISOR'S REFLECTIONS</b>	<b>SUPERVISOR'S SIGNATURE (NAME/STAMP)</b>	<b>HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)</b>
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**SECTION- 9****RECORD OF RESIDENT'S TWO WEEK'S ROTATION AT ORIC DURING YR 2**

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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**SECTION- 10****ANY RESEARCH COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT DURING YEAR 2**

SR #	DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP	TITLE OF TRAINING COURSE/WORKSHOP	ORGANIZING INSTITUTION/COMPANY	DURATION OF COURSE IN DAYS/MODE OF COURSE (online or physically attended)	THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.
1.					
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## SECTION- 11

### RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 2

SL #	TITLE OF THE LITERATURE REVIEWED	DATE/MONTH AND YEAR OF PUBLICATION	TITLE OF THE JOURNAL/BOOK	WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC (e.g. reports, books, conference papers, THESISs, Research and program reports- published/unpublished)? PLEASE SPECIFY
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## SECTION- 12

### RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 2

SL #	TITLE OF THE MANUSCRIPT	IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED	TITLE OF THE JOURNAL	WAS IT REVIEWED, MODIFIED, ACCEPTED OR REJECTED. PLEASE SPECIFY	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
1					
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## **SECTION- 13**

### **OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR**

## SECTION- 13

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR* (BOARD OF ADVANCED STUDIES AND RESEARCH)



## **SECTION- 13**

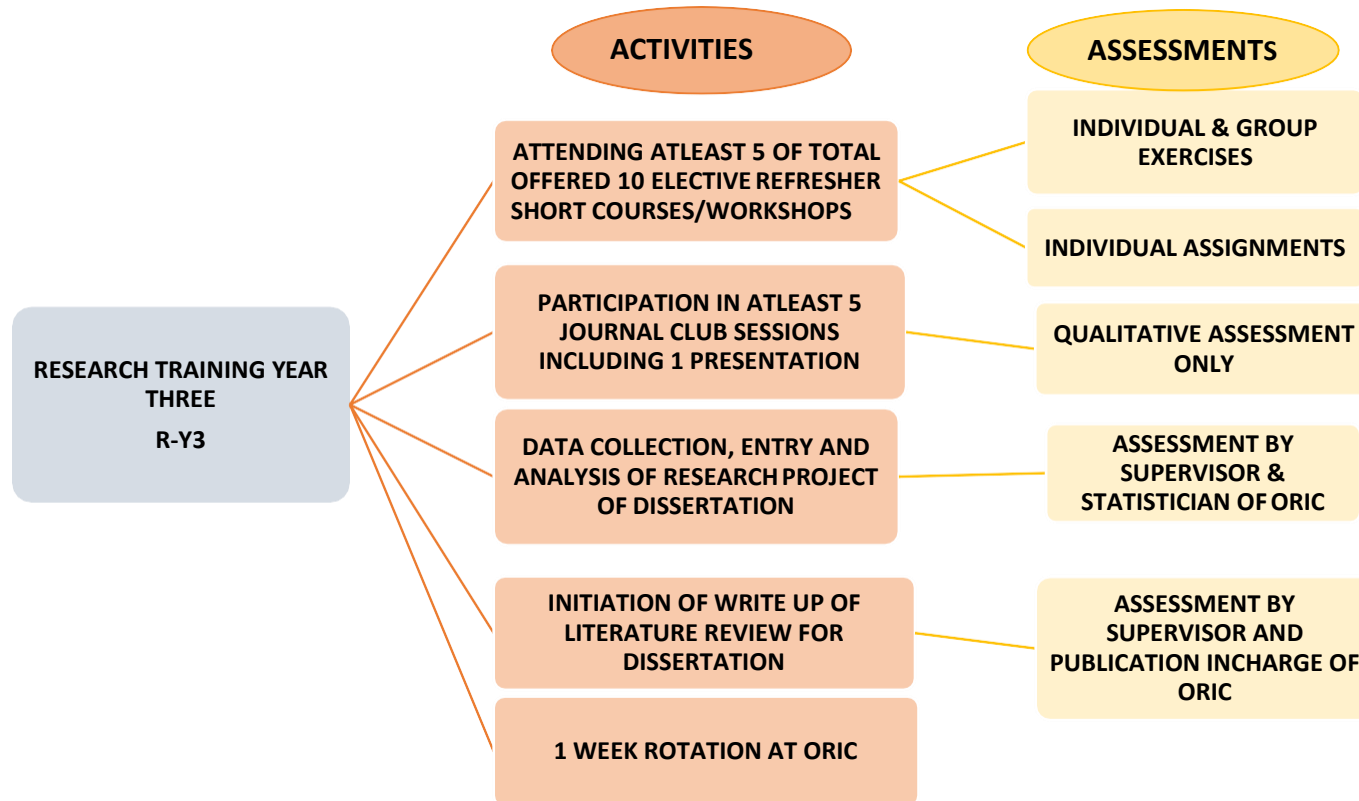
**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)**

## **SECTION- 13**

### **OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)**

## **RESEARCH COURSE OF THIRD RESEARCH TRAINING YEAR**

**R-Y3**



**SECTION- 1****10 ELECTIVE RESEARCH WORKSHOPS TO BE OFFERED DURING YEAR 3**

<b>DATE &amp; VENUE &amp; DURATION OF WORKSHOP</b>	<b>TITLE OF ELECTIVE WORKSHOPS ATTENDED</b>	<b>NAMES AND SIGNATURES OF FACILITATORS OF EACH WORKSHOP</b>	<b>FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE</b>	<b>SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)</b>
	End note referencing manager			
	Mendeley referencing manager			
	Effective write up of Literature review			
	Data entry in Statistical Package of Social Sciences			
	Graphical presentation of data in Microsoft Excel			

	Univariate, Bivariate and Multivariate analysis in Statistical Package of Social Sciences			
	Effectively writing up of a THESIS.			
	Research article write up			
	Critical appraisal of research			
	How to Present Research through power-point or posters			

## SECTION- 2

### INDIVIDUAL AND GROUP (HOME TASK) ASSIGNMENTS OF THE RESIDENTS 3 REGARDING ADVANCED RESEARCH METHODOLOGY WORKSHOP

ASSIGNMENT'S NUMBER	TITLE OF WORKSHOP	DATE OF SUBMISSION:	ORIGINALITY SCORE OF ASSIGNMENT IN TURN-IT-IN PLAGIARISM DETECTION SOFTWARE	FACILITATOR'S REFLECTION ON CORRECTNESS, COMPLETION AND QUALITY OF INDIVIDUAL OR GROUP ASSIGNMENTS OF THE WORKSHOP	SIGNATURE OF FACILITATORS	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)

## SECTION- 3

### 5 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 3

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		
5.		A. B. C.	A. B. C.	A. B. C.		

**SECTION- 4****1 JOURNAL CLUB MEETING ATTENDED BY RESIDENT AS AN PRESENTER DURING YR 3**

<b>JOURNAL CLUB MEETING #</b>	<b>DATE</b>	<b>TITLE OF THE ARTICLE PRESENTED BY RESIDENT IN THE JOURNAL CLUB MEETING</b>	<b>TITLE OF JOURNAL/ YEAR OF PUBLICATION</b>	<b>REFLECTION OF TWO SENIOR FACULTY MEMBERS ON THE PRESENTATION</b>	<b>SENIOR FACULTY MEMBERS SIGNATURE</b>	<b>REFLECTION OF THE HOD ON THE PRESENTATION AND SCORES GIVEN OUT OF ATTAINABLE TOTAL SCORE OF 25</b>	<b>HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)</b>
1.							

SIGNATURE OF THE DEAN OF SPECIALITY: \_\_\_\_\_

(NAME/STAMP): \_\_\_\_\_



## SECTION- 5

CONFIRMATION OF COMPLETENESS OF DATA COLLECTION OF THE OF RESEARCH PROJECT FOR THESIS BY RESIDENT DURING YR 3:

*TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:*

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CONFIRMATION OF COMPLETENESS OF DATA COLLECTION: \_\_\_\_\_

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>STATISTICIAN AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

## SECTION- 6

### RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR IN YEAR 3

SR #	DATE/VENUE /DURATION OF MEETING	AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)	ACTION POINTS AND SUPERVISOR'S REFLECTIONS	SUPERVISOR'S SIGNATURE (NAME/STAMP)	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
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**SECTION- 7****RECORD OF RESIDENT'S ONE WEEK'S ROTATION AT ORIC DURING YR 3**

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ STATISTICIAN/DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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**SECTION- 8****ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT DURING YEAR 3**

SL #	DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP	TITLE OF TRAINING COURSE/WORKSHOP	ORGANIZING INSTITUTION/COMPANY	DURATION OF COURSE IN DAYS/MODE OF COURSE (online or physically attended)	THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.
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**SECTION- 9****RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 3**

<b>SR #</b>	<b>TITLE OF THE LITERATURE REVIEWED</b>	<b>DATE/MONTH AND YEAR OF PUBLICATION</b>	<b>TITLE OF THE JOURNAL/BOOK</b>	<b>WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC (e.g. reports, books, conference papers, THESESs, Research and program reports- published/ unpublished)? PLEASE SPECIFY</b>
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**SECTION- 10****RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 3**

<b>SR #</b>	<b>TITLE OF THE MANUSCRIPT</b>	<b>IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED</b>	<b>TITLE OF THE JOURNAL</b>	<b>WAS IT REVIEWED, MODIFIED, ACCEPTED OR REJECTED. PLEASE SPECIFY</b>	<b>DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)</b>
<b>1</b>					
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## **SECTION- 11**

### **OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR**

## **SECTION- 11**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR* (BOARD OF ADVANCED STUDIES AND RESEARCH)**

## **SECTION- 11**

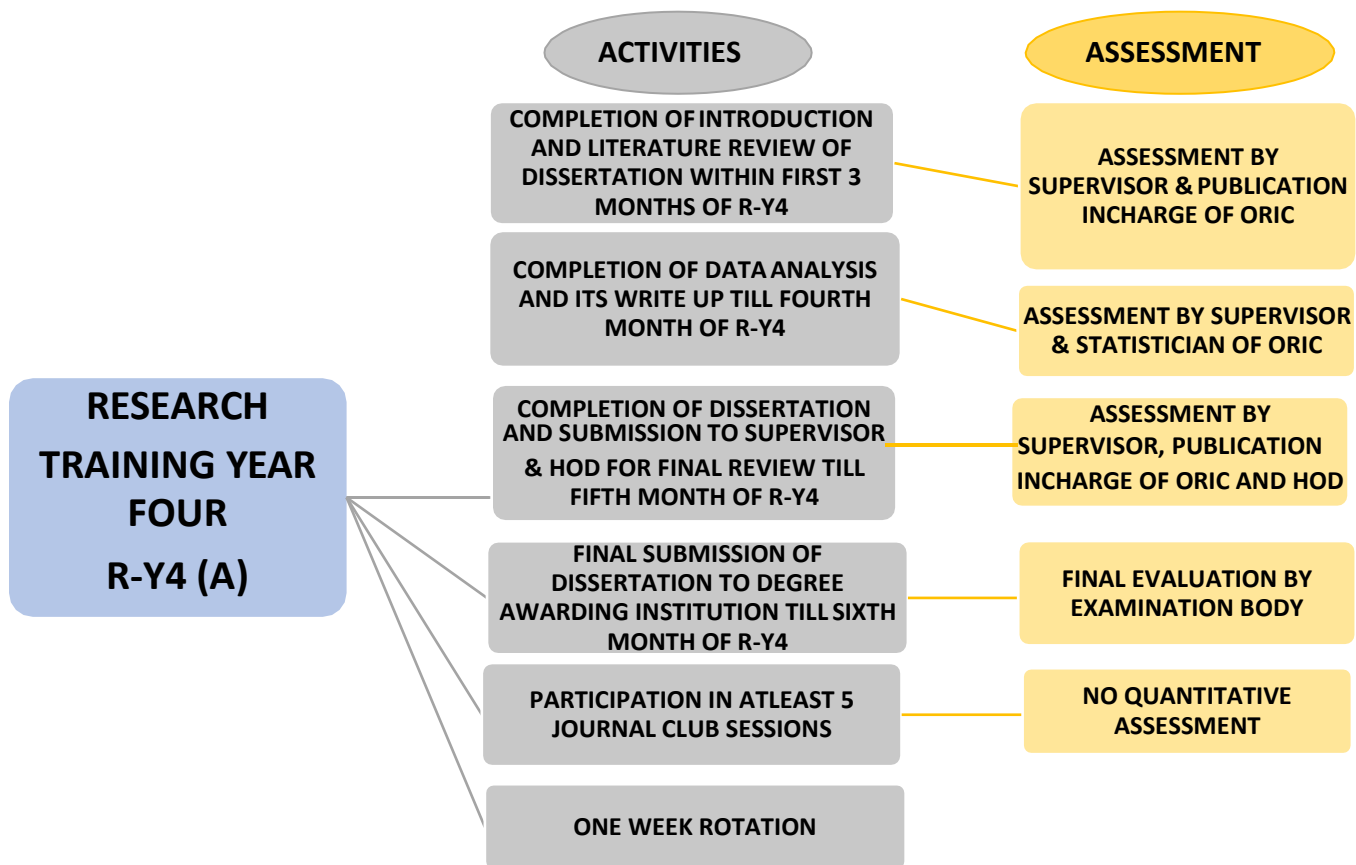
**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)**

## **SECTION- 11**

### **OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)**

## RESEARCH COURSE OF FOURTH RESEARCH TRAINING YEAR

R-Y4



## SECTION- 1

### 5 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 4

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		
5.		A. B. C.	A. B. C.	A. B. C.		

## SECTION- 2

CONFIRMATION OF COMPLETENESS OF WRITE UP OF INTRODUCTION OF RESEARCH PROJECT FOR THESIS BY RESIDENT TILL

3<sup>RD</sup> MONTH OF YR 4:

*TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:*

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CONFIRMATION OF COMPLETENESS OF INTRODUCTION OF RESEARCH PROJECT FOR THESIS BY RESIDENT TILL 3<sup>RD</sup> MONTH OF YR 4:

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		



## SECTION- 3

CONFIRMATION OF COMPLETENESS OF DATA ANALYSIS & WRITE UP OF RESULTS OF RESEARCH PROJECT FOR THESIS BY RESIDENT TILL 4<sup>TH</sup> MONTH OF YR 4:

*TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:*

---

CONFIRMATION OF COMPLETENESS OF DATA ANALYSIS & WRITE UP OF RESULTS OF RESEARCH PROJECT FOR THESIS BY RESIDENT TILL 4<sup>TH</sup> MONTH OF YR 4

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>STATISTICIAN AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

## SECTION- 4

CONFIRMATIONS OF COMPLETENESS OF THESIS WRITE UP BY RESIDENT TILL 5<sup>TH</sup> MONTH OF YR 4:

***TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:***

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NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>STATISTICIAN AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

## SECTION- 5

CONFIRMATION OF SUBMISSION OF COMPLETED THESIS BY RESIDENT TILL 6<sup>TH</sup> MONTH OF YR 4:

**TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:**

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NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		
	<i>CHAIRPERSON OF BOARD OF ADVANCED STUDIES &amp; RESEARCH (BASR) OF RMU</i>		

**SECTION- 6****RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR IN YEAR 4**

SR #	DATE/VENUE /DURATION OF MEETING	AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)	ACTION POINTS AND SUPERVISOR'S REFLECTIONS	SUPERVISOR'S SIGNATURE (NAME/STAMP)	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
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**SECTION- 7****RECORD OF RESIDENT'S ONE WEEK'S ROTATION AT ORIC DURING YR 4**

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ STATISTICIAN/DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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## SECTION- 8

### ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT DURING YEAR 4

SL #	DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP	TITLE OF TRAINING COURSE/WORKSHOP	ORGANIZING INSTITUTION/COMPANY	DURATION OF COURSE IN DAYS/MODE OF COURSE (online or physically attended)	THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.
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**SECTION- 9****RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 4**

SR #	TITLE OF THE LITERATURE REVIEWED	DATE/MONTH AND YEAR OF PUBLICATION	TITLE OF THE JOURNAL/BOOK	WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC (e.g. reports, books, conference papers, THESISs, Research and program reports- published/ unpublished)? PLEASE SPECIFY
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**SECTION- 10****RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 4**

SR #	TITLE OF THE MANUSCRIPT	IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED	TITLE OF THE JOURNAL	WAS IT REVIEWED, MODIFIED, ACCEPTED OR REJECTED. PLEASE SPECIFY	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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## **SECTION- 11**

### **OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR**

## **SECTION- 11**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR* (BOARD OF ADVANCED STUDIES AND RESEARCH)**

## **SECTION- 11**

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)**

## **SECTION- 11**

### **OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)**