**SUBMISSION OF THESIS SYNOPSIS FOR THE AWARD OF DEGREE (‘MD/MS……………………………...’) (Year: ………………)**

**MGM Medical College, Jamshedpur**

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**TITLE:**

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| **CANDIDATE:** |  |
|  | **Name:** **Subject of Post Graduation: ‘M.D./M.S……………………..……….……’****Department:** **College:**  |

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| **Guide : (Signature)** |  | **HOD (Signature)** |  |
| **Name** |  | **Name** |  |
| **Designation** |  | **Designation** |  |
| **Department** |  | **Department** |  |
| **College/Institute** |  | **College/Institute** |  |