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

**MGM Medical College, Jamshedpur**

****

**TITLE:**

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

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