

Application Form
For Submission of Research Protocol

To,

The Director,
Postgraduate Medical Centre,
LUMHS, Jamshoro.

Subject: - **PROTOCOL FOR APPROVAL.**

Enclosed please find herewith the protocol for research work on Topic:

PARTICULAR OF CANDIDATE: -

Name: - _____

Qualification: - _____

Course: - _____

Academic Session: _____

Status (Private / Inservice): _____

Date of Joining: _____

Enrollment No.: _____

Place of Research: _____

Fees Paid Rs. _____ Challan No. _____ Bank _____

PARTICULARS OF SUPERVISOR:

Name of Supervisor: _____

Qualification: _____

Designation: _____

Name of Institute: _____

Department and Unit: _____

Supervisor's Signature: _____

Dated: _____

CHECK LIST
ASSESSMENT OF SYNOPSIS
DIRECTORATE OF POSTGRADUATE STUDIES
LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES JAMSHORO

Name: _____ Enrollment No: _____

Course: _____ Commencement of Training: _____

Received Date: _____ Supervisor: _____

Title of Synopsis: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Submission of Synopsis Within: | | |
| a) Twelve months of commencement of training | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Eighteen months of commencement of training | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Six months of commencement of subspecialty training | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Typed on A-4 size paper | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Study not duplicated in the same institute in last 5 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Format according to guidelines as given on LUMHS website | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Consent Form: | | |
| a) English | <input type="checkbox"/> | |
| b) Urdu | <input type="checkbox"/> | |
| c) Sindhi | <input type="checkbox"/> | |
| 6. ERC Form filled in MS-Word Format attached | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Four copies of Synopsis submitted | <input type="checkbox"/> | <input type="checkbox"/> |

Signature with stamp: _____

Name of Supervisor: _____

Date: _____

DIRECTOR
POSTGRADUATE MEDICAL CENTRE
LUMHS Jamshoro.

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DIRECTORATE OF POSTGRADUATE STUDIES
LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES JAMSHORO

Enrollment No: _____ Course: _____

Commencement of Training: _____ Received Date: _____

Supervisor: _____

Title of Synopsis: _____

SYNOPSIS REVIEW (CHECK LIST)			
TITLE	YES	NO	REMARKS
Relevant to the study			
Does not contain any abbreviations			
Reflects aims and objectives of the study			
Is less than 10-15 words			
INTRODUCTION	YES	NO	REMARKS
Research question adequately introduced			
Justification/ importance of research question addressed			
Background explained with references			
Does not exceed two pages			
Rationale of study clarified			
Standard operational definitions stated			
Hypothesis properly phrased (if needed)			
MATERIALS AND METHODS	YES	NO	REMARKS
Setting of the study mentioned			
Duration of the study is not less than 6 months			
Samples size properly calculated			
Sampling technique mentioned			
Inclusion criteria appropriate			
Exclusion criteria appropriate			
Study design suitable for the objectives			
Investigation/ procedure/ technique clearly given			
Duration of the data collection is not less than 6 months			
Source of data clearly identified			
Diagnosis criteria mentioned			
Confounding variables controlled (if required)			
Bias, if any controlled			
Ethical issues addressed			
Informed consent taken			
Steps of data collection in proper sequence			
Proforma appropriate			

STATISTICAL REVIEW	YES	NO	REMARKS
Statistical software mentioned			
Data analysis mentioned			
Variables under study mentioned			
Statistical tests mentioned (if applicable)			
BIBLIOGRAPHY	YES	NO	REMARKS
Minimum of five references quoted			
References in Vancouver style			
All references can be authenticated			
Recent references mentioned (last five years)			
Standard abbreviations of the Journal used			
Local references mentions			
GENERAL	YES	NO	REMARKS
Synopsis written in investigations own language			
Spelling mistakes not more than once in 3 pages			
Acceptable grammatical mistakes			

If response to any of the items mentioned above is “No” then give reasons/ suggestion. (please use additional sheets, if required)

APPROVED

SENT FOR CORRECTION

Name of Reviewer: _____

Signature: _____

Dated: _____

Signature of Supervisor: _____

Signature of Director, PGMC: _____

Signature of Chairman: _____

Ethical Review Committee: _____

Signature of concerned Dean: _____