

**Bharati Vidyapeeth  
(Deemed to be University)  
Dental College & Hospital, Pune  
Institutional Research Committee**

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**SYNOPSIS  
PROPOSED RESEARCH PROJECT**

<b>1. Name of the Postgraduate Student:</b>	
<b>1.a. Contact number:</b>	
<b>1.b. Email address:</b>	
<b>1.c. Year of admission:</b>	
<b>2. Subject:</b>	
<b>2.a. Type of Study: Dissertation (MDS)/Short Study</b>	
<b>2.b. In-Vivo / In-Vitro</b>	
<b>3. Name of the Postgraduate Guide:</b>	
<b>3.a. Designation of the Postgraduate Guide:</b>	
<b>3.b. Name &amp; Designation of Co- investigator:</b>	
<b>4. Title of Proposed Research Project Dissertation/Short Study:</b>	
<b>4a. Date of Submission to IRC:</b>	
<b>5. Brief resume of the Proposed Research:</b>	
<b>5.a</b>	<b>Need for Research:</b>
<b>5.b</b>	<b>Review of Literature:</b>

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5.c	<b>Research Aim:</b>	
5.d	<b>Research Objectives:</b>	
<b>6. Materials and Methods:</b>		
6a	<b>Source of data:</b>	
6.b	<b>Method of data collection (including sample size &amp; sampling procedure):</b>	
6.c	<b>Method of data analysis, along with letter of the Statistician (Signed by the Statistician):</b>	
6.d	<b>Inclusion &amp; Exclusion Criteria:</b>	
6.e	<b>Does the study require any investigation or intervention to be made on patients or any other human beings or animals?</b>	
6.f	<b>If yes, justify:</b>	
<b>7. List of References (minimum 5):</b>		
<b>8. Remarks of the Guide:</b>		
<b>9. Name &amp; Signature of Investigator:</b>		
<b>9.a. Name &amp; Signature of Co-Investigator:</b>		
<b>10 a. Name, designation &amp; signature of Postgraduate Guide:</b>		

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10 b. Name & signature of Head Of Department:	
10.c. Stamp of the Head of the Department:	

**Note:**

1. Patient information & General Information Sheet in English, Marathi & Hindi should be submitted along with the synopsis
2. Informed Consent form in English, Marathi & Hindi should be submitted along with the synopsis
3. The 01 hard copy should be submitted in a green envelope with the researcher's name, designation, department, contact number, email address, type of study (In-vitro/In-vivo) & date of submission.
4. Covering letter from the department & the envelope should be submitted in the office.
5. **Kindly note that:** Incomplete submission of the above mentioned documents is not permitted & will not be accepted by the IRC.
6. **The soft copy of only the synopsis should be mailed on or before 01<sup>st</sup> February 2019 to Dr. Swapna Patankar (Department of Oral and Maxillofacial Pathology & Oral Microbiology), Co-ordinator of Institutional Research Committee.**

Email address: [drswapnapatankar@gmail.com](mailto:drswapnapatankar@gmail.com)