

**APPLICATION FOR REGISTRATION OF RESEARCH PROTOCOL  
FOR MD/MS DEGREE WITH SAMBALPUR UNIVERSITY**



1. Name of Candidate (Block Letter): \_\_\_\_\_
2. Name of Father: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Permanent Address: \_\_\_\_\_
  
5. Final MBBS Examination: Institution \_\_\_\_\_;  
University \_\_\_\_\_ Year/Month \_\_\_\_\_;
6. Date of completion of Internship: \_\_\_\_\_;
7. Permanent Medical Registration No/Yr: \_\_\_\_\_ Valid Dt: \_\_\_\_\_;  
Medical Council \_\_\_\_\_;
8. Admission academic session: \_\_\_\_\_;
9. Date of admission to the MD/MS course \_\_\_\_\_;
10. Date of joining the Department \_\_\_\_\_;
11. MD/MS Discipline: \_\_\_\_\_;

13. Full Signature of the Candidate \_\_\_\_\_/dt \_\_\_\_\_

14. Guide: Name \_\_\_\_\_ Designation \_\_\_\_\_  
Department \_\_\_\_\_ ; Signature (date & seal) \_\_\_\_\_

15. Head of Department: Name \_\_\_\_\_  
Department \_\_\_\_\_ ; Signature (date & seal) \_\_\_\_\_

**Memo No. \_\_\_\_\_/ Dept. of \_\_\_\_\_/Dt \_\_\_\_\_**  
Forwarded to the Dean & Principal, VIMSAR for onward transmission.

**Head of Department(sign&seal)**  
VSS Institute of Medical Sciences & Research  
**Memo No. \_\_\_\_\_/Edu/VIMSAR/Dt \_\_\_\_\_**

Forwarded to the Registrar, Sambalpur University, Jyoti Vihar, Burla, Sambalpur, Odisha for necessary action.

**Dean &Principal(sign &seal).**  
VSS Institute of Medical Sciences & Research