



# SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

## SYNOPSIS SUBMISSION FORM

### PERSONAL

REGISTRATION No.							
MS/MD/MDS/M.Phil				DATE OF JOINING	D	M	Y
DISCIPLINE							
NAME				S/O, D/O, W/O			
PRESENT MAILING ADDRESS							
TELEPHONE				EMAIL ADDRESS			

### SYNOPSIS

TOPIC							
SYNOPSIS DATE OF SUBMISSION	D	M	Y	DATE OF COMMENCEMENT	D	M	Y
TOTAL DURATION OF STUDY IN MONTHS							
SAMPLE SIZE							
SOURCE OF DATA (Please Tick Mark)	INPATIENT <input type="checkbox"/>			OUTPATIENT <input type="checkbox"/>			
SETTING (WHERE STUDY TO BE CONDUCTED)							
NAME OF SUPERVISOR							
NAME OF INSTITUTION							

For Submission of synopsis; please enclose:

1. Photocopy of University Registration Card.
2. Copy of payment of Synopsis Submission Fee Rs. 2000/-
3. Supervisor Evaluation Form
4. Supervisor's Covering Letter
5. One Hard Copy of Synopsis
6. Send softcopy of your synopsis at “[synopsis@szabmu.edu.pk](mailto:synopsis@szabmu.edu.pk)” by mentioning your name in subject field in email.
7. For “Ethical Review Board” please attach Ethical Review Performa
8. For “AS&RB” attach copy of approval letter from ERB

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**PIMS, G-8/3, Islamabad, (44000) Pakistan**

Tele: (92) (51) 9107690-79-87, Fax: (92) (51) 9107682,  
Site: [www.szabmu.edu.pk](http://www.szabmu.edu.pk) , E-mail: [info@szabmu.edu.pk](mailto:info@szabmu.edu.pk)

# Shaheed Zulfiqar Ali Bhutto Medical University

## Pakistan Institute of Medical Sciences, Islamabad

### SUPERVISOR EVALUATION FORM

1. Please, complete the enclosed proforma for each proposal.
2. Give your technical comments in details to help in improving the proposal.

*(POINT-WISE COMMENTS MAY BE PROVIDED ON A SEPARATE SHEET OF PAPER, if required)*

Name of Student: \_\_\_\_\_ Reg. No. \_\_\_\_\_

Title of the Project: \_\_\_\_\_

I. INTRODUCTION		Yes	No	NA
i.	Does the study deal with a health problem of National /Provincial/Local importance?			
ii.	Is the title of study adequate, if not suggest alternate: _____			
iii.	Has the problem been properly understood and defined?			
iv.	Has a similar type of work already done else where?			
v.	If yes, should this study be still done? Please Justify:			
vi.	Is rationale of study described in clear and appropriate language?			
II. OBJECTIVES		Yes	No	NA
vii.	Are objectives of the study clear and relevant to the problem, and achievable within resources?			
III. METHODOLOGY:		Yes	No	NA
viii.	Is the project likely to be completed within the stipulated time?			
	If not, indicate probable time justified?			
ix.	Is there any ethical issue in the project?			
	If yes, has clearance been taken?			
IV. IMPORTANCE OF WORK		Yes	No	NA
x.	Would the project give some useful information, which is			

	likely to improve the health related problems / understanding?			
<b>V. DISSEMINATION</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>
xi.	Is the dissemination and sharing of findings mentioned properly?			
xii.	If any expenditure involved, funding source mentioned?			

**VII. OVERALL ASSESSMENT:** *(Supervisor Remarks about the study)*

-----

-----

-----

-----

-----

-----

-----

-----

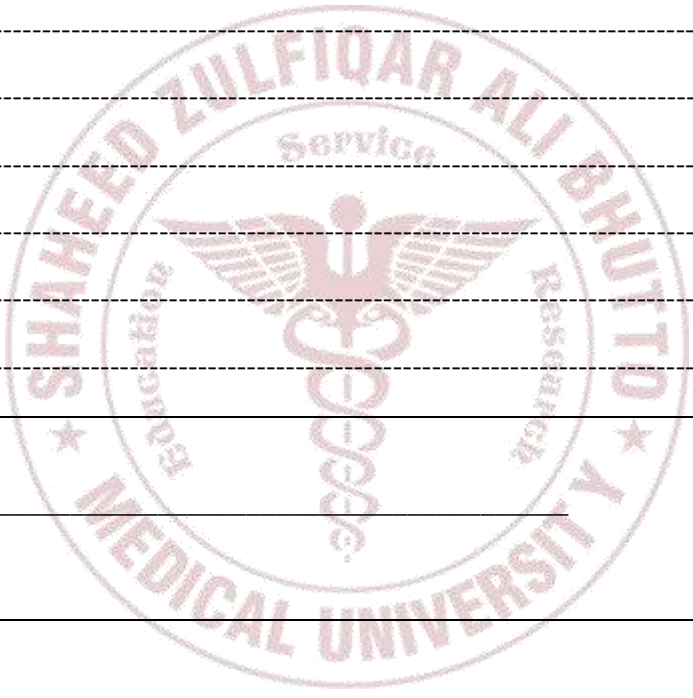
-----

-----

-----

-----

-----



**Name of Supervisor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Stamp:**