

Standard Synopsis Writing Protocol

Research & Project Cell, Rajendra Institute of Medical Sciences, Ranchi

General Guidelines

The recommended format of Synopsis -Protocol for the Researchers of RIMS, Ranchi is as follows:

Title Page including Signature from Researcher, Guide and Co-guide	Page- 1
Certificate from Departmental Research Committee	Page-2
Certificate from Research & Project Committee	Page-3
Certificate from Institutional Ethics Committee	Page-4
Introduction/ background including lacunae in existing knowledge, need of study, and Brief review of literature supported with references cited in text.	Page-5-6
Aims & Objectives , Hypothesis , themes of Research Project	Page-7
Materials and Methods including plan of statistical evaluation	Page-8-9
Index of references (Vancouver system of references)	Page-10-11
Appendix, if any (Data Sheet, Consent form, etc.)	

Other technicalities:

One copy to be submitted in RPC.

Number of Pages: Generally should not exceed 12 (appendices extra)

Title : Font size 16 and Bold

Font size: 12 (For Text)

Page- A4 size paper

Line spacing: Double space

Margins: At least 2.5 cm on both sides

Script: Justified

SYNOPSIS FOR THE DEGREE OF RIMS, RANCHI

Title of Research Proposal/ Project/ Thesis:

Protocol of Thesis to be submitted to the RIMS, Ranchi towards the partial fulfillment of the requirement for the Degree of (Batch)

Candidate's Name

Signature: _____

Guide's Name :

Signature: _____

Co-guide's Name:

Signature: _____

Place of work:

Signature of Head of the Department

INTRODUCTION

It should be focused on the **research question** and should be directly relevant to the **objectives** of your study. Organize the information in paragraphs, presenting the more general aspects of the topic early in the introduction (**background**), then narrowing down toward the more specific information that provides context (**statement of problem and rationale**); ending with the **research question/hypothesis**. It should answer the question of why and what: **why the research needs to be done** and **what will be its relevance (Review of Literature)**. The statements should be supported by a suitable reference cited in text (Citations should be in Superscript)

AIMS AND OBJECTIVES

Aims:

Primary Objectives:

Secondary objectives:

MATERIAL AND METHODS: Includes

Type of study; Duration; Sample size, Place, Inclusion criteria, Exclusion criteria, Method of Randomization, Process of randomization and blinding, Stopping rules, Procedures and conditions for breaking the codes.

Intervention/ Procedure: Instruments, Frequency and duration of intervention.

Procedures and schedules, Dosage, formulations, schedules, duration of drug treatments, withdrawal criteria etc.

Outcome Measures: Primary Outcome Measures, Secondary Outcome Measures

Data Management and Statistical Analysis: Data handling, Coding, Statistical methods proposed, Reasons for the sample size, Power of the study, Level of significance etc.

REFERENCES

ANNEXURE I

CASE RECORD FORM

ANNEXURE II

PROFORMA of INFORMED CONSENT/ ASSENT FORM

I _____ son/daughter/wife of _____ resident of _____

_____ give my full, free and voluntary consent to be included as a subject in the study entitled. I have been explained, in my own language, and to my full satisfaction, the aim and nature of the study and risks and benefits. I have also been explained that my confidentiality will be maintained and all the investigations/ interventions will be carried out only after my consent is obtained. I am aware of my right to opt out of the study at any point without giving any reason, and without penalty or loss of routine care benefits.

Name	Signature/Thumb impression	Date and time
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(Participant or Parent/Guardian)

_____	_____	_____
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Witness

_____	_____	_____
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Doctor

_____	_____	_____
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सूचित सहमति प्रपत्र का प्रारूप

मैं पुत्र/पुत्री/पत्नी/पिता..... निवासी.....
..... इस शोध कार्य में भाग लेने हेतु अपनी पूरी, मुक्त एवं स्वैच्छिक सहमति प्रदान करता/करती हूँ। मुझे मेरी भाषा में पूरी तसल्ली के साथ इस शोध कार्य के उद्देश्य, प्रकार एवं जोखिम और लाभ के बारे में बता दिया गया है। मुझे यह भी स्पष्टतापूर्वक बताया गया है कि मेरी निजता अक्षुण्ण रखी जायेगी एवं किसी भी प्रकार की जाँच या क्रिया मेरी सहमति प्राप्त कर ही की जायेगी। मुझे यह जानकारी है कि मैं जब चाहूँ बिना कोई कारण बताये, बिना किसी दण्ड या दैनंदिन सेवालाभ की हानि के शोधकार्य से अपने को अलग कर सकता/सकती हूँ।

नाम	हस्ताक्षर/अंगुठा का चिन्ह	दिनांक एवं समय
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(प्रतिभागी/ माता-पिता/अभिभावक)

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गवाह

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चिकित्सक

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