



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक . ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

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University Research Department

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प्राध्यापक तथा विभागप्रमुख

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Professor & HOD

Out. No. MUHS/URD/UAW/44/2024

Date:18/01/2024

CIRCULAR No.02/2024

SCHEDULE OF MUHS STATE LEVEL RESEARCH COMPETITION 2023-24

All the concerned hereby informed that MUHS State Level Research Competition 2023-24 will be held online as per the scheduled given below

Sr. No.	Faculty	Host of Research Competition	Date of online competition	Eligibility & Registration fee for Participant	Competition Coordinator Details
1.	Dental Faculty	Terna Dental College, Navi Mumbai	04/03/2024	UG Student Rs 500/-	Name :- Dr. Farhin Katge Mobile:- 9820527564 Email:- muhsrcent24@gmail.com
2.	Allied Faculty	Smt. Sunanda Pravin Gambhirchand College of Nursing, Matunga, Mumbai	05/03/2024	PG Student Rs 1000/-	Name :- Mrs. Delphina Gurav/Mrs. Dipti Bondre Mobile:- 9819580308/8411071683 Email:- muhsrccalled24@gmail.com
3.	Homoeopathy Faculty	SJPES Homoeopathic Medical College, Kolhapur	12/03/2024	Post PG & Ph.D. Student Rs 1500/-	Name :- Dr. Sujata R. Kamire Mobile:- 9823195866 Email:- muhsrchom24@gmail.com
4.	Ayurveda Faculty	Chhatrapati Shahu Maharaj Shikshan Sansthas's Ayurved Mahavidyalaya, Chhatrapati Sambhaji Nagar	14/03/2024	Assistant Professor Rs 1500/-	Name :- Vd. Nimbalkar Naresh Ramrao Mobile:- 9422711098 Email:- muhsrcayu24@gmail.com
5.	Medical Faculty	Maharashtra Post Graduate Institute of Medical Education & Research (MPGI), Nashik	27/03/2024		Name : Dr. Ashutosh Ojha Mobile: 9719713786 Email: muhsrmed24@gmail.com

- Participant registration will be open from 18th January 2024 to 15th February 2024 on University website.
- Only 08 participants per college (UG-2, PG-2, Post PG & PhD-2, Asst. Prof.-2) recommended by the Principal/Dean/Director will be allowed to register.
- Shortlisted abstract in prescribed format (Annexure-1), receipt of registration fee paid to University should be submitted to respective co-ordinator by email in prescribed format (Annexure-2).
- For registration of recommended researcher at college level weblink is as follows : https://intranet.muhs.ac.in/workshop_schedule_display.aspx
- For payment of registration fee by the researcher : <https://muhs.payshulk.in/>

-Sd-

Head of the Department
URD, MUHS, Nashik

Copy to:-

- 1) Hon'ble Vice-Chancellor's Office, MUHS, Nashik
- 2) Hon'ble Pro Vice-Chancellor's Office, MUHS, Nashik
- 3) Registrar Office, MUHS, Nashik
- 4) Finance & Account Officer, MUHS, Nashik
- 5) All Host colleges of MUHS State Level Research Competition
- 5) All Competition Coordinators of MUHS State Level Research Competition
- 6) All Regional Offices, MUHS, Nashik
- 7) All affiliated Colleges of MUHS Nashik.



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Tel : (0253) 2539288,303 E-mail : urd@muhs.ac.in



University Research Department

Format of Research Paper Abstract for Online MUHS State Level Research Competition

1. Name of Researcher :
2. Academic Category : UG/PG/Post PG Resident/ Ph.D./Assistant Professor
3. Faculty : Medical / Dental/ Ayurved-Unani, Homoeopathy/ Allied Health Sciences
4. Name of College :
5. Contact Details : Mobile.....
Email ID.....

Abstract (Not more than 350 words) including Title, Objectives, Novelty, Methodology & Findings

Undertaking by Researcher: I agree that, (i) I am Bonafide Student / MUHS Approved Teacher of the Institute, which is affiliated to MUHS, Nashik. (ii) My Research Project is approved by Institutional Ethics Committee. (iii) There is no conflicting interest of the research with any other Research Institute or Person. (iv) My research is original. (v) I allow the University for publication of Research Article in MUHS Health Sciences Review Journal; as this research work is not published earlier anywhere. (vi) The research abstract submitted by me is not the part of my Post-Graduate / Ph.D. Dissertation in MUHS, Nashik. (Applicable for P.G. and Ph.D. Students.)

Signature of Researcher

Signature of Dean/Principal



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Online MUHS State Level Research Competition
Nomination for participation MUHS Research Competition

in the faculty of Medical / Dental/ Ayurveda / Unani / Homoeopathy / Allied Health Sciences

1. Name, Postal Address and Contact details of College/Institute:
 PIN
 Telephone no.: (0).....
 e-mail ID:
2. Name of the Dean/Principal/Director:
 Mobile No.: e-mail ID:
3. (i) College/Institute Registration Certificate no. and date (attach attested copy):
 (ii) MUHS affiliation letter no. and date (attach attested copy):
4. List of Participants

Sr No	Academic Category	Name	Research Title	Registration fee payment details
1	Under Graduate Student	1.		
		2.		
2	Post Graduate Student	1.		
		2.		
3	Post PG / Ph.D Student	1.		
		2.		
4	Assistant Professor	1.		
		2.		

Certified that the participants are the bonafide students of this Institute which is affiliated to MUHS Nashik and the Assistant Professor is the University approved teacher working in this Institute.

Date:
 Place:
 College SEAL

Sign of Dean/Principal/Director
 Name:
 Rubber Stamp