



**The Association of Physicians of India
Indian College of Physicians**



**DR. VITHALRAO NADGOUDA
BEST ALL INDIA ANNUAL THESIS AWARD**

Terms and Conditions for Dr. Vithalrao Nadgouda Best All India Annual Thesis Award

1. The award is open to the physicians from various medical institutions/hospitals from India within one year of passing the MD/DNB examination in Medicine / General Medicine / Internal Medicine as on the last date for submission of the application for the award which is **31st July, 2024**.
2. There shall be two awards: The first award shall comprise of a cheque of ` 15,000/- along with a certificate and the second award shall comprise of a cheque of a ` 10,000/- along with a certificate.
3. Five copies of the duly completed application form (as per Annexure –I) along with various enclosures (as per Annexure – II) along with one CD should be sent to the office of The Association of Physicians of India duly countersigned by the Chief Supervisor of thesis/dissertation, Head of the Department and forwarded by the Head of the Institution.
4. The thesis work must be original and all illustrations, diagrams, tables, etc., should have been prepared by the candidate himself / herself.
5. **THE THESIS WILL BE JUDGED ON FOLLOWING POINTS**

	Marks
1. Is the research topic innovative and original?	20
2. Study design, sample size and methodology	20
3. Relevance of the thesis topic	10
4. Adequacy of the review of literature and discussion in the light of related studies	10
5. Have the appropriate statistical methods been used?	10
6. Whether conclusions drawn are valid?	10
7. Overall preparation of the manuscript	10
8. Practical implications for the future	10
TOTAL MARKS	100

6. The successful candidates shall be informed at least two months before the scheduled dates of the Annual Conference of The Association of Physicians of India to enable them to receive the said award.
7. The award shall be conferred during the ensuing Annual Conference of The Association of Physicians of India. Hony. Secretary shall inform both the successful applicants to present salient features of their thesis work for about 15 minutes each during the APICON.
8. The candidates shall be exempted from paying registration fee for attending APICON, however, they have to make their own arrangements for stay.
9. In case, the candidate selected for award fails to make a presentation during the APICON, then award shall **not** be conferred.
10. ICP reserves the right not to confer the award in case the entry/entries received are not of requisite standard.
11. The duly completed applications must be sent to the Office of API so as to reach on or before **31st July, 2024** of the respective year. Incomplete applications shall be summarily rejected.

ANNEXURE - I

APPLICATION FORM FOR DR. VITHALRAO NADGOUDA BEST ALL INDIA ANNUAL THESIS AWARD

Note : If the space provided in the box is insufficient, then extra sheets may be added.

1. Personal Data :

Name		
Age.....years..... months			Gender <input type="checkbox"/> M / <input type="checkbox"/> F
Address for correspondence :		
		
		
Telephone No. Mobile.....	Landline Code	No.	
e-mail address :		

2. Qualifications :

a. MBBS

College	City	State	Month/year of passing

b. Postgraduate Course

Type of qualification	MD / DNB
Month /Year of joining/.....
Month/Year of passing the postgraduate examination/.....

3. Particulars of dissertation :

i)	Name of the topic of dissertation	
ii)	Month/year of submission of dissertation to the University/Board	
iii)	Name of the Supervisor Designation/Department Name of the Co-supervisor(s) Designation/Department	a) b)
iv)	Has the thesis been accepted by the University/Board?	Yes / Under consideration / No
v)	Has similar work been done from India?	Yes / No
vi)	Relevance in the Indian context	
vii)	Is it an original research enquiry? If yes, then give justification in the right column	Yes / No
viii)	Have the findings from dissertation been presented in any conference? If yes, Name/Place/Year of conference	Yes / No
ix)	Has any abstract been published from the dissertation? If yes -- Quote the reference	Yes / No
x)	Has any scientific paper been published from the dissertation? If yes – Name of the journal – Complete reference	Yes / No
xi)	Has any funding been obtained for carrying out the research work? If yes, name of funding agency Amount received	Yes / No

Dated:..... / /

DD / MM / YY

Applicant
(Name & Signature)

Chief Supervisor
(Name & Signature)

Head of the Dept.
(Name & Signature)

Head of the Institution
(Name & Signature & Seal)

ANNEXURE - II

DR. VITHALRAO NADGOUDA BEST ALL INDIA ANNUAL THESIS AWARD

Documents to be submitted

- Five copies of the duly completed application form duly signed by the applicant and countersigned by the Chief Guide of the dissertation and forwarded by the Head of the Institution.
- Self attested photocopy of the Postgraduate degree in Medicine. In case, degree has not been awarded, then a certificate of having passed the MD/DNB examination in Medicine/Internal Medicine/General Medicine.
- Demand draft of Rs. 500/- drawn in favour of **‘Indian College of Physicians’** payable at **Mumbai** as the processing fee.

4. Five hard copies of the detailed write up giving details of thesis work should be submitted in the following format :
 - Abstract, introduction and brief review of relevant literature, Lacunae in the existing literature, Detailed Materials and Methods, Results, Discussion, Summary and Conclusions, References. The entire thesis should not be sent.
 - The write-up should be typed on A-4 sized paper in single spacing, Times New Roman, Font Size 12, maximum 4000 words including the Abstract and References, but excluding Tables and Figures. A maximum of 4 Tables and 4 Figures may be included. References should be typed in Vancouver Style.
5. One CD containing the detailed write up of work done during the thesis.
6. If the paper has been published as a full length paper or as an abstract then 5 copies must be enclosed.
7. Form of undertaking by the applicant as per Annexure – III.

ANNEXURE - III

FORM OF UNDERTAKING BY THE APPLICANT

I, Dr would like to submit as under :

1. That the research work embodied in the thesis/dissertation, entitled is my original work carried out under the guidance of Supervisor and Co-Supervisor(s).
2. That, in the event of being selected for the award, I shall present the paper in the ensuing APICON.

.....
Signature

Dated:..... / /
DD / MM / YY

.....
(Name of the applicant)

Available on API and JAPI websites: [www. apiindia.org](http://www.apiindia.org) & www.japi.org