



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300, Fax – 0253-2539200, Phone: 0253-2539235

E-mail : academic1@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कालिदास द. चव्हाण

एम.बी.बी.एस, एम.डी. (न्यायवैद्यकशास्त्र),

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine)

Registrar

MUHS/Homeopathy/MUHS-034603/2019

Date: 05/10/2021

To,
The Dean / Principal / Director,
Vamanrao Ithape Homoeopathic Medical College & Hospital

SUB:Regarding approval of Title & Synopsis.

Sir / Madam,

With reference to the above, it is informed that, the proposal of "Title & Synopsis of Dissertation" of following student is duly "Accepted" by the BORS Committee of the College. Accordingly, the University hereby grant approval to the Title & Synopsis proposal of following student(s).

Name of Student	VIBHUTI ACHUTRAO TAPRE
Name of Guide	MATEEN AHMED KHAN
Course/ Specialty	MD - Repertory
Academic Year of admission	2020-21
Name of the College	Vamanrao Ithape Homoeopathic Medical College & Hospital
Title of Synopsis	" BOGER BOENNINGHAUSEN 'S CHARACTERISTICS REPERTORY IN MANAGEMENT OF MIGRAINE"

- 1) Please note that the appearance of the concerned student to the final year examination is subject to final eligibility of the university and fulfillment of relevant rules and regulations of the concerned central council / university
- 2) It is mandatory for the candidate to work for minimum 18 months on the title & synopsis approved by the university prior to submission of dissertation, failing which the term of the candidate shall be extended by the college to that extent
- 3) It is also mandatory for the colleges to maintain Teacher : Student ratio as per norms prescribed by concerned Central Council/University

**Sd/-
Registrar**