



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, Sector-I, Salt Lake, Kolkata 700 064

Website: [www.wbuhs.ac.in](http://www.wbuhs.ac.in)

Phone (EPBX): 2321-3461 Fax: 2358-0100

Memo No. WBUHS/Dean/2022-23/0234

Dated: 30/08/2022

## Notification

It is hereby notified to all eligible PhD candidates' (admission batch, 2022) that University Online Registration Portal will be opened from 01/09/2022 (10.00AM) to 30/11/2021.(11.59AM)

All eligible PhD Candidates are instructed to complete their online registration procedure during the above mentioned period. Approval from the Head of the Institution must be required for online registration.

Please follow the guidelines (Annexure-I) during the process of registration.

**In case of any problem for regarding submission online registration please contact to the following concerned authorities. :**

(A) [prog.officer@wbuhs.ac.in](mailto:prog.officer@wbuhs.ac.in)

(B) [asst.registrar@wbuhs.ac.in](mailto:asst.registrar@wbuhs.ac.in)

Dean

  
WBUHS, Kolkata

YOUTUBE LINK for help - <https://youtu.be/SsPnsnq5WQA>

## **STEPS OF REGISTRATION OF PHD CANDIDATES**

Step 1: Registration in the <https://charaka.wbuhs.ac.in/home/loginUi?t=3>.

Step 2: After Registration Charaka Portal Login by Clicking Existing Student Login. Give User Email and Password.

Step 3:- After Successfully Login Enter Profile Details.

3.i Enter Personal And Qualification Details.

3.ii Upload the IEC, CV of Guides, NOC and Signatures of Guides and HOI.

Step 4:- Enter Research Proposal.

4.i Fill Part – i. (Biographical Data Of Applicants)

4.ii. Fill Part – ii(Particulars Of Supervisor / Co-Supervisor)

4.iii Fill Part – iii(General Information Of Proposed PhD Research Center)

4.iv Fill Part – iv (Details Of Research Project)

4.v Fill Declaration/Certification

4.vi Fill and Check Checklist Of Documents To Be Submitted With The Research Proposal.

Step 5:- After Filling All the Details Click the Submit button.

(Kindly Follow the Instruction attached below.)

## Student Login

### Existing Student Login

**User Email**

**Password**

[Login](#) [Forgot Password?](#)

## Student dashboard



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Welcome to Dashboard DR PRATIMA PAL BANERJEE

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- Research Proposal
- Half-yearly Report Submit
- Conference Report Submit
- Conclusion Report Submit
- Final Thesis Submit
- Viva
- PhD Certificate
- Change Password

Welcome to the Dashboard!

## Student Profile



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## Profile

[Edit Application Information](#)

## Application Information:

Date Of Application : 16-10-2019

Year Of Admission : 16-10-2019

Name Of The Institution :

Name Of The Subject (Broad Area/Discipline) : Materia Medica

Area/Field Of Specialization : Ph.D in Health Sciences

Name Of The Faculty Under Which Ph.D Sought For : Dr.Abhijit Chattopadhyay

Title Of The Research, Duly Approved(IN BLOCK LETTERS) :

[Edit General Information](#)

## General Information:

Name : DR PRATIMA PAL BANERJEE

Guardian Relation : Father

Guardian Name :RAJIV SRIVASTAVA

Present Address In Full :

RMO QUARTER 4 NATIONAL INSTITUTE OF HOMOEOPATHY, BLOCK GE SECTOR 3, SALT LAKE KOLKATA, North 24 Parganas, West Bengal, India, 700106

Permanent Address :

RMO QUARTER 4 NATIONAL INSTITUTE OF HOMOEOPATHY, BLOCK GE SECTOR 3, SALT LAKE KOLKATA, North 24 Parganas, West Bengal, India, 700106

Email : drpratimapal@gmail.com

Mobile No : 7679507608

Current Place Of Posting : National Institute of Homoeopathy

Date Of Birth : 01-11-1980

Nationality : Indian

Caste : General

[Edit Other Information](#)

## Other Information:

Gender : Female

## Research Proposal Add



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## Research Proposal Add

**PROFORMA FOR SUBMISSION OF RESEARCH PROPOSAL**  
(To be filled by the applicant) **PART I: PROFORMA FOR BIOGRAPHICAL DATA OF APPLICANTS**  
Provide the following information:

**Name:**

**Designation (If Employed):**  **Department/Institute:**

**Date Of Birth \* :**  **Sex (M/F) \* :**

**Caste \* :**  **Telephone \* :**

**E-Mail \* :**

**A. Qualification (Post-Graduation Onwards & Chronologically Record Highest Qualification At The Top)**

| Degree Awarded | Institution     | University | Year | Percentage | Remarks                     |
|----------------|-----------------|------------|------|------------|-----------------------------|
| MBBS           | Medical college | WBUHS      | 2020 | 75         | 75 <a href="#">Add More</a> |

**B. Position / Employment / Professional Experience / Training (Starting With The Most Recent) Relevant To The Project:**

| Institution / Place | Position / Designation | From (Date) | To (date)                          |
|---------------------|------------------------|-------------|------------------------------------|
| Institution / Place | Position / Designation | From (Date) | To (date) <a href="#">Add More</a> |

**C. Disclosure Of Any Conflict Of Interests Related To Conduction Of PhD Program Of The University. The University Expects All Academic Members Including Researchers To Observe The Highest Standards Of Ethics & Integrity In The Conduct Of Their Research. Neither Any Near Relation (Close Relatives / Blood Relations / Spouse) Of Candidate Nor Any Related Member Of Staff Of The University Can Be Assigned As His / Her Supervisor.**

**D. Publications (Numbers Only):**

**Books \* :**  **Research Papers / Reports \* :**

**General Articles \* :**  **Others (Please Specify):**

**E. Propose To Pursue PhD Research Work As: Full-Time / Part-Time Candidate.**  
\*Service candidates should submit the NO OBJECTION CERTIFICATE from the Institution where they are working.

\*Research Experience already gained in State Research Schemes / ICMR / CSIR projects: Certified Xerox copies to be enclosed.

\* Selected Peer-Reviewed Publications (In Chronological Order List Maximum Of Three Recent Publications).

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## Half yearly Report upload

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### Report

**Report Title \***

**Report File**

No file chosen

**Candidate Signature:**

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## Seminar Presentation uploaded

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### Conference/ Seminar Presentation uploaded

**Conference Title \***

**Conference File**

No file chosen

**Conference Status \***

Not Submitted

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## Final thesis upload



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### Final Thesis Form Submission

|  |  |
|--|--|
| Category :   | <input type="text" value="Select Category"/>                   |
| Sub Category :                                     | <input type="text" value="Select Sub Category"/>               |
| Category Name :                                    | <input type="text" value="Select Course"/>                     |
| Name of the Student :                              | <input type="text" value="DR PRATIMA PAL BANERJEE"/>           |
| WBHS Reg. No. :                                    | <input type="text" value="156320072008"/>                      |
| WBHS Reg. Year :                                   | <input type="text" value="2019-2020"/>                         |
| Name of the Institution :                          | <input type="text" value="NATIONAL INSTITUTE OF HOMOEOPATHY"/> |
| Cell Phone :                                       | <input type="text" value="7679507608"/>                        |
| E-mail :   | <input type="text" value="dr.pratimapal@gmail.com"/>           |
| Supervisor Name :                                  | <input type="text" value="Dr.Abhijit Chattopadhyay"/>          |
| Co-Supervisor Name:                                | <input type="text" value="Mathew Heyden"/>                     |
| Proposed Title :                                   | <input type="text"/>   |
| Proposed place of work :                           | <input type="text"/>   |
| Upload PDF : (Add more PDF) +                      | <input type="button" value="Choose File"/> No file chosen      |
| Max file size : 25 MB                              |  |
| Signature : (or Upload Signature) click            | <input type="text"/>   |
| Save Signature Clear                               |  |
| <input type="button" value="Submit Dissertation"/> |  |



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