

RESULT OF THE Ph.D. STUDENTS-SCREENING COMMITTEE – JULY 2026 SESSION

Sl. No.	NAME OF THE CANDIDATE	FACULTY	REMARKS OF THE SCREENING COMMITTEE	RESULT
1.	Dr. Shanmugadevi. S	Siddha	1. As there is 90 days study 28 days may be avoided with the opinion of guide. 2. Limited and useful studies alone could be done in preclinical.	Accepted with Recommendation
2.	Dr. Latha Rani. M	Siddha	1. IAEC Certificate to be produced. 2. Candidate should take a measure to convert the formulation as Eye drops and this could be added as an intervention group.	Accepted with Recommendation
3.	Dr. Girijarani. P	Siddha	1. Title should be changed as the proposal has pilot clinical trial IHEC approval to be obtained. 2. 90 days toxicity should be performed.	Accepted with Recommendation
4.	Dr. Nikilniva. J	Siddha	1. In vitro / In silico Studies to be Added and cholelithiasis cultivation study to be explored. 2. Instead of 28 days 90 days toxicity to be done. 3. Pithakal should be used or Sathu pitham to be used. Better Sathu pithnam be finalized.	Accepted with Recommendation
5.	Dr. Valarmathi. C	Siddha	1. Maantham – Siddha terminology should be in title. 2. 90 days toxicity for uthamani to be conducted. 3. Dose and Treatment period to be fixed. 4. Grouping in Animal Studies should be clarified with Guide and Pharmacologist.	Accepted with Recommendation
6.	Dr. Abdullah. J	Siddha	1. 90 days toxicity studies to be carried out. 2. Period of literature to be updated.	Accepted with Recommendation
7.	Dr. K.S. Maanickha Chelvi	Siddha	1. Soil study to be done before and after curation. 2. DNA finger printing and powder microscopy to be added. 3. Comparative studies between normal and Black Variety chooranam to be carried out.	Accepted with Recommendation

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8.	Dr. Samraj. K	Siddha	1. Tin oxide to be removed and IND – specific drugs to be included in Title.	Accepted with Recommendation
9.	Dr. Malathi. M.K	Siddha	1. 90 days toxicity to be done. 2. Teratogenic activity to be done. 3. In vitro studies to be carried out for Gut dysbiosis. 4. Primary objective should be no 2, 3 and 5 5. All other should be as secondary	Accepted with Recommendation
10.	Dr. Asha Jeba Keerthana. V	Siddha	1. Title should be changed as a Clinical evaluation to check the Therapeutic efficacy of Add on effect of Leech therapy with Siddha Standard of Care – Non Randomized open Clinical trial.	Accepted with Recommendation
11.	Dr. Subaraj. S	Siddha	1. Remove Randomized trial in title. 2. Add Mart Cell Stability and Immuno Modulating invitro studies. 3. Methodology for Pharmacological studies are missing & to be added. 4. Tamil version of questioner to be obtained.	Accepted with Recommendation
12.	Dr. Arunachalam. K	Siddha	Absent	Absent
13.	Dr. Dhanya Suresh	Homeopathy	1. Primary objective to be refined. 2. Modify the inclusion and exclusion criteria. 3. The Study design to be modified in to a prospective case control study. 4. Increase the sample size. 5. Monitoring in the rate of dropouts. 6. Clinical Psychologist assessment to be included in the study.	Accepted with Recommendation
14.	Mr. Praveen Kumar. M	Pharmacy	- -	Accepted
15.	Ms. Keerthi. K	Pharmacy	1. Targets are Not clear. 2. Comparative Study should be added. 3. Suggested to add more Analytical Techniques. 4. Specific standardization should be performed. 5. Title should be changed.	Accepted with Recommendation

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16	Ms. Sivakumar. G	Pharmacy	Absent	Absent
17.	Ms. Priya., K	Pharmacy	1. Voluminous to make specific objective with Standard Protocols and Resubmit.	Not Accepted
18.	Mr. Vinoth. R	Pharmacy	1. FTIR study for Excipients Interaction should be added. 2. Seed Powder should be replaced with active ingredients. 3. Bio availability study should be performed for the rat model. 4. CGRP (Modle-3) is Recommended for Anti-migraine study.	Accepted with Recommendation
19.	Mr. KarthiRaja. A	Pharmacy	1. A.I & Machine learning to add for prediction 2. Impurity profiling and degradation study should be added.	Accepted with Recommendation
20.	Mr. Loganathan. M	Pharmacy	1. Compound isolation is not required. 2. CCl ₄ – Induced hepatotoxicity model is replaced with updated model. 3. Horsefieldin – Compound can be used as a reference Standard for Standardization of Invitro assay & Docking	Accepted with Recommendation
21.	Dr. Vigneswaran. R	Pharmacy	1. Phase 1 can be retrospective data can be collected from the hospital. 2. To focus on any one surgery or disease profile to understand antibiotic usage. 3. To evaluate or quantify antibiotics in patient to check the effective usage. 4. Available data can be used to develop algorithm prediction model for effective and correct antibiotic usage. 5. Clinicians included in the research work has to be included.	Accepted with Recommendation
22.	Mr. Veeranan. M	Pharmacy	1. Clarity of Study lacking. 2. Routine work lack of Ph.D Component. 3. Look for alternative Phytochemical.	Not Accepted
23.	Ms. Nandhini. A	Pharmacy	The concept of the proposal is to be Changed, which is in deviation from the Proposed indication of the drugs. [Peptic ulcer & IBS]	Not Accepted

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24.	Ms. Nandhini. S	Pharmacy	1. SCI – finder to check the novelty of the compound. 2. ¹³C NMR Spectral Characterization to be included. 3. Minimum 30 compounds to be Synthesized. 4. Homology of Aromatase enzyme and multi target approach to be consider for specificity and docking studies.	Accepted with Recommendation
25.	Ms. Gayathri. R	Pharmacy	1. The work has been already established and lacks of novelty. 2. To strengthen the study pitavastatin can be taken as drug for the study. 3. In vivo bio availability on nano drug to be added.	Not Accepted
26.	Mr. Shanmuganathan. D.K	Pharmacy	1. Gene expression in Gut microbiome (Microbiome) 2. Expected enhanced microbiome activity in bone repair to study. 3. Molecular pathways in bone tissue to check through RTPCR	Accepted with Recommendation
27.	Mr. Saravanan. J	Pharmacy	1. Drug for the study should be finalized. 2. Skin irritation study not required. 3. Animal experiment required for validation.	Accepted with Recommendation
28.	Ms. Rashitha Babu. N	Pharmacy	1. The drugs proposed to study the reproductive toxicology is well established. The hindrance in reproductive Physiology & hormones related to the drugs are also studied.	Not Accepted
29.	Mr. Sathish. P	Pharmacy	1. Isolation of the compounds is not required. 2. Bioactive guided fractionations clarity required to link with Anti microbial activity. 3. Animal models not clear. Ethics committee approval required. 4. Title change is required, nanogel formulation to reconsidered, because only enriched extract is used not the active molecule.	Accepted with Recommendation

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30.	Ms. Sivasankari. S	Pharmacy	1. Plant well explored for wound healing properly. 2. Confused proposal. 3. Ethics approval required.	Not Accepted
31.	Ms. Thamaraikani. S	Pharmacy	1. Plant to be change, the given plant is found to be toxic. 2. Isolation of compounds not required target for docking study not stated. 3. Asthmatic activity to test in animal model with detailed mechanism of action. 4. The extract can be given in the aerosol preparation rather then inhaler.	Accepted with Recommendation
32.	Ms. Brinda. K	Nursing	1. Research Phenomena not to the level of Ph.D 2. No Novelty in the study. 3. No clarity in intervention components & outcomes.	Not Accepted
33.	Mr. Reshachandar. R	Nursing	1. To submit after revising the symptom management practice Checklist. 2. Chronicity of liver diseases for samples to be include as clinical variable. 3. Health related Indication - has four components. – cumulative impact cannot be assessed Dependent variable should be separate. 4. Independent variable – warding modify. 5. Standard care – control group. 6. Intervention protocol to be rewritten with Time line.	Accepted with Recommendation
34.	Ms. Indumathi. R	Nursing	1. To use RCT – Post test only. 2. Data collection Tool scoring and interpretation to be clarified. 3. Sample size calculation be redone. 4. Reframe the methodology based on RCT-Post test only. 5. Clarify on how BP monitoring will be done. 6. Web portal & Mobile App plan should be submitted, setting of study-study & control.	Accepted with Recommendation
35.	Ms. Jaya Priya. A	Nursing	1. No clarity on the Study (setting, recruitment, allocation) 2. Intervention not up to the level of Ph.D. 3. No Novelty.	Not Accepted

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36.	Ms. Kayalvizhi. S	Nursing	1. Reframe Title. 2. Effectiveness of Family Integrated Support Program on perceived maternal parental self – efficacy and Postnatal depression among postnatal mothers – A mixed methods approach study. 3. Setting permission clarification. 4. Recruitment of mothers to study & control group to be clarified. 5. Inclusion of family member in FISP. 6. Time lines for the intervention – protocol to be added. 7. Sampling technique to be modified.	Accepted with Recommendation
37.	Ms. Ramya. R	Nursing	1. Sample size formula to be revisited. 2. To modify the intervention components as there is no novelty. 3. Follow-up plan for the samples – needs clarify.	Accepted with Recommendation
38.	Ms. Prashi Antony	Nursing	1. The Research Design is inaccurate. 2. AI – powered chatbot for older adults in rural community without human interaction for isolation is to reconsidered. 3. Intervention to be modified.	Not Accepted
39.	Ms. Joylin Sujina. N	Nursing	1. Intervention for caregivers to be modified completely. 2. Sample size to be revisited 3. New approach to intervention to be thought of caregiver clarification 4. Sampling techniques is wrong.	Acceptedwith Recommendation
40.	Ms. Karthika N	Nursing	- -	ABSENT
41.	Ms. Bhoshia. D	Nursing	1. Intervention applicability to nursing is questionable. 2. The researcher’s presentation and command over methodology is not up to the level of doctoral thesis.	Not Accepted
42	Ms. Angaryarkanni. B	Nursing	- -	ABSENT
43	.Ms. Premila. P	Nursing	1. No novelty in the Research proposal. 2. All interventions are regular nursing interventions followed in clinical practice.	Not Accepted

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44.	Ms. Nirmala. M	Nursing	1. The Intervention has no novelty. 2. The population is good, but methodology can has to include new frameworks based on literature / research gaps.	Not Accepted
45.	Ms. Sheeba Rani	Nursing	1. To include Readiness to practice assessment/competency assessment at the end of stage 1.	Accepted
46.	Ms. Rohini. M	Nursing	--	Absent
47.	Ms. Gracy. J	Nursing	1. Delivering of tele nursing from first interaction is not advisable. 2. Not clear with the intervention (Delivering, components not clear) 3. Sampling (random allocation not clear) 4. Sample size calculation not done. 5. Outcome assessment collection of blood parameters.	Not Accepted
48.	Ms. Christilda Annie	Nursing	- -	Absent
49	Ms. Uma Maheswari. P	Nursing	1. High risk of contamination between experimental arm & control arm. (presented as alternative houses selected) – to consider changing sampling technique. 2. Age group of study, Target Population to be revisited. 3. How is change expected in 1 months (post test2) 4. Data Collection protocol to be clarified.	Not Accepted
50	Ms. Phebe Esther Philominal. J	Nursing	1. Study variables to be revisited – Compliance is mentioned but PI is assessing knowledge & empowerment of Caregivers. 2. If mobile tracker is not feasible, would recommend using a compliance / adherence checklist. 3. Tolls have to be validated. 4. Problem statement to be modified to reflect the actual variable being examined in the study.	Accepted

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51.	Ms. Maheswari. K	Nursing	1. No novelty in the research study. 2. Setting and population to be changed. 3. Enhancement program is not to the level of Ph.D Study with intervention., 4. Methodology intervention is not accepted.	Not Accepted
52.	Ms.Vasanth Mary. V	Nursing	1. Methodologies not clear how groups are being randomly allocated to two arms. 2. Invite current form, making patents come back every week to obtain fragmented information on hypertension is not justifiable. 3. Mobile app incorporates only few features, but has the potential to incorporate more. 4. Risk calculator – cholesterol is not going to be assessed at 6 weeks & 12 weeks – How will cardiovascular risk reduction be assessed other variables like gender etc., are permanent trails.	Not Accepted
53.	Ms. Dharma Devi. D	Nursing	1. Clarity operationalization of effectiveness – each variable is going to be reported by self, parent & teacher. Hhow will you handle post-test score differences among 3 reporting groups? When will you say intervention is effect. 2. Activities need not be monotonous – recommend using a variety of choices matched with the phase. 3. Sampling technique & random allocation to be clarified. 4. Problem statement – to remove parents / teachers. 5. Analyze Appropriate statistical tests to be mentioned to include multiple post test. 6. Sample size calculation Clarify which outcome variable was used in sample size calculation as 3 outcome variables are there, recommend using all 3. 7. Recommend using “intervention” arm rather than ‘experimental’ arm.	Accepted with Recommendation
54.	Ms. Pershiya. V	Nursing	1. No novelty in the intervention – includes routine mobilization practiced in ICU – need to revisit the intervention bundle. 2. ICU mobility scale – is not a valid instrument for functional independence – rather than ICU mobility. 3. ICU stay (number of days) is not predictable, but intervention planned for 5 days. What will you do if patient shifted out of ICU. 4. Analysis plans do not match the outcome assessment.	Not Accepted

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55.	Ms. Kanthamani. S	Nursing	- -	Absent
56.	Ms. Jasmin Sheeba. J	Nursing	1. Unclear why guided imaginary & musculoskeletal exercise are being executed. When these are established non-pharmacological intervention & standards of care. 2. Home based follow up is good, but proposal mentions follow up on exercises. Which again are standard care components? 3. No novelty in intervention, although study population is relevant. 4. Recommend exploring transition to home community after orthopedic surgeries, functional status etc.,	Not Accepted
57.	Mr. Poovarasan. M	Nursing	1. Clear protocol of intervention delivery needs to be included. When will the groups of 10 be recruited, over how many days will the session be given etc., 2. When will the post-test assessment be conducted to be clearly mentioned? Ensure time gap between intervention completion & post test assessment is uniform for all. 3. Sampling technique & allocation to intervention and control group to be clearly mentioned. 4. On what basis was the sample size calculated? As multiple outcomes are being assessed, clarify which proportion is used? 5. Recommend using 'intervention' arm rather than experimental arm. 6. Clarify if one group of 10 old age adults will complete all sessions & only then the 2nd group of 10 adult will be recruitment clarify recruitment strategy.	Accepted with Recommendation

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58.	Ms. Punitha. P	Nursing	1. ‘MAP’ to include teenage pregnancy specific components-currently the components of teaching are general to any antenatal population – why have you chosen teen primi? Justify the reason & include teaching points specific to this population. 2. Clarify when the outcome will be assessed for both arms. 3. Qualitative interventions : - Can recruit participants from both intervention & control arms (as qualitative objective is exploring pregnancy experiences) - Recommend doing interviews during first follow up after delivery rather than after 6 weeks of delivery. 4. Clarify what the Primary & Secondary Objectives are. 5. Recommend using ‘intervention’ arm rather than ‘experimental’ arm. 6. Mixed methods study – There is no mixed methods objective, no plans for integration.	Accepted with Recommendation
59	Ms. Head Flower. P	Nursing	1. Clarify that participant recruitment is in hospitals & interventional & Outcome assessment is in community. 2. Clarify recruitment & allocation of intervention & control groups – How will you ensure reduction of contamination between groups. 3. To add ‘patients no planned for surgery over the study duration. ‘;as inclusion criteria, to add’ patients posted for emergency surgery ‘as exclusion criteria’ 4. To change first post test assessment timeline.	Accepted with Recommendation
60	Ms. Bindhya. P	Physiotherapy	- -	Accepted
61	Ms. Sangeetha. A	Physiotherapy	1. To include a Physician in the Research team (Co-guide or DC Member) 2. Duration of interaction to be corrected between Ex Group and control group. 3. Pain Management to be made using objective tolls. (pain accouter) etc, 4. To include co-guide or DC Member OG Specialty.	Accepted with Recommendation

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62.	Mr. Walter Samuel Robert. U	Physiotherapy	1. Advantage of using immersive UR Compared to Non-Immersive. 2. Effectiveness of Immersive UR / Prevention of any Hazard is using immersive UR in College / Population.	Accepted with Recommendation
63.	Ms. Karthika. G	Physiotherapy	1. Sample size to be increased. 2. Elite players to be modified as professional players. 3. To include Control Group	Accepted with Recommendation
64.	Ms. Yalane. D	Physiotherapy	1. To include control group. 2. To rephrase the topic 3. To include OG Specialty Professional MPT (OG) or MD (OG) as Co-guide.	Accepted with Recommendation
65.	Ms. Sweety Subha. P	Physiotherapy	- -	Accepted
66.	Mr. Thiru Moorthi G.S	Physiotherapy	- -	Accepted
67.	Mr. Mahesh. R	Physiotherapy	1. To include Co-guide in Neurological Physiotherapy.	Accepted with Recommendation
68.	Mr. Benosel Paul K.P	Physiotherapy	1. The topic by adding Advanced approach to add to the Body of Knowledge.	Accepted with Recommendation
69.	Ms. Ms. Nimisha. B	Physiotherapy	- -	Accepted
70.	Ms. Shaalini. B.R.	Physiotherapy	1. Novelty of the Study to be established. 2. Topic to be restructured.	Accepted with Recommendation
71.	Mr. Mahendran. M	Physiotherapy	1. Novelty of the Study to be established. 2. Random Sampling to be done. 3. To include MPT (Ortho) in the Board.	Accepted with Recommendation

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72.	Ms. Meena. S	Physiotherapy	1. To restructure the topic. 2. Novelty of the study to be established. 3. To include OG Specialist (MPT (OG) / MD (OG)) in the Board.	Accepted with Recommendation
73.	Ms. Kiruthika. S	Physiotherapy	- -	Accepted
74.	Ms. Kohilavani. S	Physiotherapy	1. Parameters to be modified with specific reference to PCOS in Cardio-respiratory condition. 2. To include review of the same. 3. OG Specialist (MPT (OG) / M.D.(OG) to be included in the Board.	Accepted with Recommendation
75.	Ms. GopikaRamya. B	Physiotherapy	- -	Accepted
76.	Mr. Selvaeswaran. R	Physiotherapy	- -	Accepted
77.	Ms. Thenmozhi. M.P	Physiotherapy	1. Validation of Sequential Rehabilitation Exercise program. 2. To Conduct Pilot Study. 3. Sample Size Calculation to be made.	Accepted with Recommendation

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78	Ms. Janaki. K	Biomedical Sciences	-	Accepted
79	Ms. Subbu Lakshmi. R	Biomedical Sciences	-	Accepted

REMARKS:

ACCEPTED

: Candidates are instructed to submit the joining report along with Provisional Registration fees through the Guide within two weeks from the date of publication of result.

ACCEPTED WITH

RECOMMENDATIONS

: Candidates are instructed to submit the Compliance Report through the Guide (Compulsory as per the format enclosed) within two weeks from the date of publication of results. Further, the date and Session of the Provisional Registration will be fixed after the approval of your compliance report by the members of the Screening Committee.

NOTACCEPTED

: Candidates are instructed to submit proposals (Four copies) through the Guide for the next session.

Encl:

Compliance Format

/True Copy/

**Dr. S. PUSHKALA,
Member – UAC.**

**Sd/-
ACADEMIC OFFICER.(FAC)**

**Format for compliance to remarks of Ph.D Screening committee,
The Tamil Nadu Dr. MGR Medical University**

Title of the Ph.D

Name of the candidate
Faculty

Compliance to remarks (PhD Screening Committee, dd/mm/yyyy)

Sl.No	Remarks	PhDScholar'sresponse	Pagenumber(s)and Line number (s)
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