


ОҢТҰСТІК-ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
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**"I APPROVE"**


**The first vice-rector,  
Candidate of Medical Sciences, Professor**

**\_\_\_\_\_M.M. Yesirkeпов**

**«\_\_\_\_\_» \_\_\_\_\_20\_\_y.**

## INDIVIDUAL DOCTORAL STUDENT'S PLAN for the 20\_\_th academic year

1. Doctoral student:
2. Faculty:
3. Department:
4. Scientific consultant:
5. Training period:
6. Year of study:
7. Educational program:
8. Name of the educational program:

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The individual plan is based on the State Mandatory Standard for all levels, approved by Order No. 647 of 31.07.2015. On the approval of state mandatory standards and standard professional training programs in medical and pharmaceutical specialties .

The individual master's work plan was reviewed and discussed at the meeting of the Department of Social Health Insurance and Public Health.

Protocol No. \_\_\_ from «\_» \_\_\_\_ 202\_y.

Approved at the meeting of the Scientific Council, Protocol no \_\_ from «\_» \_\_\_\_ 202\_y.

**Agreed:**

Chairman of the Scientific Committee


"Name of the educational program" \_\_\_\_\_ FULL NAME.

(signature)

Head of the sector of Scientific work,

doctoral and Master's studies \_\_\_\_\_ FULL NAME.

(signature)

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### I. The plan of the doctoral dissertation

**1. The topic of the doctoral dissertation:**

**2. Brief abstract Relevance:**

**The purpose of the study:**

**Research objectives:**

**Research methods:**

**Expected results:**

**3. The deadline for the doctoral candidate to submit a dissertation at the cathedral  
 approbation**\_\_\_\_\_

**4. The term of approbation of the dissertation at the scientific committee**\_\_\_\_\_

**5. Deadline for delivery in AC**\_\_\_\_\_



## II. The content of the educational program of doctoral training

№	Name of disciplines	Number of credits	Semester	Forms of certification
<b>Basic Disciplines (BD)</b>				
<b>Required component (RC)</b>				
1				
<b>Component of choice (CC)</b>				
1				
2				
3				
<b>Profile disciplines (PD)</b>				
<b>Required component (RC)</b>				
1				
2				
3				
4				
<b>Component of choice (CC)</b>				
1				
2				

### Practice

№		Base of passing	The Number of credits	Semester	Form of certification
1					
2					

### Research work of a doctoral student (RWDS)

№	NIRM SUBJECT	Semester period	Number of credits	Types of certification
1				
2				

### Final certification

№	Name	Number of credits	Semester	Types of certification
1				



Department.....

Individual doctoral student's plan

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### III. The scientific program of the doctoral student

Volume and summary of the work	Content of the work	Term of execution	Type of reporting
Work with the dissertation			

### IV. Internship plan

№	Country, organization	Time of passage	Expenses (approximate linen)	Justification (briefly)
1				

### III. Plan of scientific publications

№	Title of the publication	Term	Note
1			
2			
3			
4			

**Doctoral student** \_\_\_\_\_

\_\_\_\_\_  
(signature)

**Scientific Consultant** \_\_\_\_\_

\_\_\_\_\_  
(signature)