APPLICATION ATTESTATION FORM (AAF) STS (1st & 2nd Year Student)

STS Reference ID: ……..…….…….….

Name of the Student: …….…….

Name of the Guide: ……..……

Name of Medical/Dental College: ……...

……..……...

Title of the STS Proposal: ……...

…….

…….....

Paste recent coloured passport size photograph

Certificate to be signed by the Student

I certify that I am an **MBBS / BDS (I/II)** (tick appropriate) student and am here by providing true information in the online application form for STS best to my knowledge. **I am submitting only one application for STS in this year and never availed any STS fellowship earlier.** In the event any information is found to be false, my studentship may be cancelled. I also certify that the research proposal is an original work prepared under the guidance of my Guide. I confirm that I have not committed 'plagiarism' in preparing this proposal. I understand that after evaluation of my proposal, I may or may not be selected and I shall abide by the decision of DHR.

If selected, I shall follow all guidelines provided on DHR e-PMS portal for carrying out the research, data collection, analysis, preparation and submission of STS final report. I also understand that if I am unable to complete my project & submit the report before the last date, no e-certificate or stipend will be awarded to me. I have gone through all the Instructions and Terms & Conditions for STS provided on DHR website and will abide by them.

Signature of Student:_____ **Name of the Student:**_____

Date: _____

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. _____studying in **MBBS / BDS (I / II)** (tick appropriate). I certify that he/she is not an intern or student of other courses and I will offer him/her all facilities and guidance for carrying out STS research. I also certify that the proposal is an original submission prepared by the student under my guidance. I confirm that neither me and nor my student have committed 'plagiarism' in preparing this proposal. **I am forwarding only one STS student application in this year and he/she never availed any STS fellowship earlier.** If my student is selected, I shall provide required facilities ensuring timely completion of research work and the it will be carried out as per the given timelines and instructions so that the final report is submitted before the last date.

Signature of Guide:_____

Full Name:_____

Designation: _____

Department: _____

Attested By

Signature of Head of Department

(Name in Block letters with seal)

Signature of Head of Medical/Dental College

(Name in Block letters with seal)

Fill form completely & check it before submission.