

APPLICATION ATTESTATION FORM (AAF) STS 2024

STS Reference ID:
Name of the Student:
Name of the Guide:
Name of Medical/Dental College:
.....
Title of the STS Proposal:
.....
.....

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Certificate to be signed by the Student

I certify that I am an MBBS/BDS (tick appropriate) student and am here by providing true information in the online application form for STS 2024 best to my knowledge. I am submitting only one application for STS 2024. 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-ICMR.

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 2024 provided on ICMR 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 2024 student application. 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

Signature of Head of Medical/Dental College

(Name in Block letters with seal)

(Name in Block letters with seal)