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

STS Reference ID:		
Name of the Student:		Paste recent
Name of the Guide:		coloured passport size
Name of Medical/Dental College:		photograph
Title of the STS Proposal:	l	
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		
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 let	tters with seal)