

**APPLICATION ATTESTATION FORM (AAF) STSH 2021**

Name of the Student: .....  
Name of the Guide: .....  
Name of Medical College.....  
.....  
Title of the STSH Proposal: .....  
.....  
.....



**Certificate to be signed by the Student**

I certify that the information provided by me in the online application form for STSH 2021 is best to my knowledge and I am submitting only one application for STSH 2021. 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 understand that after evaluation of my proposal, I may or may not be selected and I shall abide by the decision of CCRH.

If selected, I shall follow all instructions for carrying out the research, preparation and submission of STSH report. I also understand that if I am unable to complete my project & submit the report before the last date, no certificate or stipend will be awarded to me. I have gone through all the Instructions and Terms & Conditions for STSH 2021

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 BHMS-I/II/III/IV. I certify that he/she is not an intern and will offer him/her all facilities and guidance for carrying out research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2021 student application. If my student is selected, I shall facilitate early completion of research work in any two given months, so that the report is submitted before the last date.

Signature of Guide: \_\_\_\_\_ Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Department: \_\_\_\_\_

**Attested By**

Signature of Head of Department

Signature of Head of Medical College

(Name in Block letters with seal)

(Name in Block letters with seal)