

**APPLICATION ATTESTATION FORM (AAF) STS 2020**

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

**Paste recent  
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photograph**

**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 2020 best to my knowledge. I am submitting only one application for STS 2020. 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 ICMR.

If selected, I shall follow all instructions provided on ICMR website for carrying out the research, preparation and submission of STS 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 STS 2020 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/III/IV (✓ 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 2020 student application. If my student is selected, I shall provide required facilities to enable early completion of research work, 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/Dental College**

**(Name in Block letters with seal)**

**(Name in Block letters with seal)**

*Fill form completely & check it before submission.*