

APPLICATION ATTESTATION FORM (AAF) STSH 2025

Name of the Student:

Name of the Guide:

Name of Medical College.....

.....

Title of the STSH Proposal:

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Insert Photo

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2025 is best to my knowledge and I am submitting only one application for STSH 2025. 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 2025

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-II/III/IV/Internship. I certify that I 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 two STSH 2025 student application. If my student is selected, I shall facilitate 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 College

(Name in Block letters with seal)

(Name in Block letters with seal)