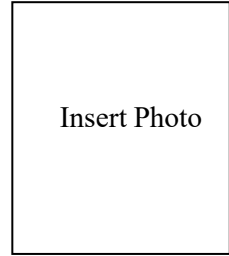


APPLICATION ATTESTATION FORM (AAF) STSH 2026

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 2026 is best to my knowledge and I am submitting only one application for STSH 2026. In the event any information is found to be false, my studentship may be cancelled. I also certify that the research proposal is 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 2026.

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 2026 student applications. 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)