ATTESTATION FORM

Title of the STS Project_____

_____

paste
passport size
photograph

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STS 2010 is best to my knowledge and I am submitting only one application for STS 2010. 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 for submission for STS 2010. I understand that my proposal will be evaluated and I may or may not be selected and I shall abide by the decision of ICMR.

If selected I shall follow the detailed 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 the instructions, Terms and Conditions for STS 2010 provided on ICMR website and will abide by them.

_____ _____

Signature of Student Name of the Student

Certificate to be Signed by the Guide

I agree to accept the applicant Mr/Ms._____and 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 STS 2010 student application. If my student is selected I shall facilitate early completion of 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
(Name in Block letters with seal)

Signature of Head of Medical College
(Name in Block letters with seal)