

APPLICATION ATTESTATION FORM (AAF) STS 2019

STS Reference ID: 2019-01769
 Name of the Student: AISHWARYA BL
 Name of the Guide: DR. NISHA RELWANZ
 Name of Medical/Dental College: MGM MEDICAL COLLEGE & HOSPITAL, KAMOTHE, NAVI MUMBAI
 Title of the STS Proposal: CROSS-SECTIONAL STUDY ON WOMEN'S KNOWLEDGE, ATTITUDE & PRACTICES TOWARDS CERVICAL CANCER PREVENTION IN AN URBAN SLUM.



Certificate to be signed by the Student

I certify that I am an MBBS/BDS student and am here by providing true information in the online application form for STS 2019 best to my knowledge. I am submitting only one application for STS 2019. 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 2019 provided on ICMR website and will abide by them.

Signature of Student: Aishwarya BL Name of the Student: AISHWARYA BL
 Date: 24/01/2019

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. AISHWARYA BL 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 2019 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: Relwanz Name: DR. NISHA RELWANZ
 Designation: ASSISTANT PROFESSOR
 Department: COMMUNITY MEDICINE

Attested By

Signature of Head of Department
DR. PRASAD WAINANKAR

Signature of Head of Medical/Dental College
DR G S NARSHETTY
Dean.

Professor & Head
 Dept of Community Medicine
 (Name in Block letters with seal)
M.G.M. Medical College,
Kamothe, Navi Mumbai-410209



M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209
 (Name in Block letters with seal)