

APPLICATION ATTESTATION FORM (AAF) STS 2019

STS Reference ID: 2019-02170
Name of the Student: ANUSHA NICOLE PRABHU
Name of the Guide:
Name of Medical/Dental College: MGM MEDICAL COLLEGE NAVE MUMBAI
Title of the STS Proposal: TO STUDY THE PREVALENCE OF DEPRESSION, ANXIETY, QUALITY OF LIFE AND PERCEIVED SOCIAL SUPPORT IN PATIENTS WITH LEPROSY



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: Anusha Name of the Student: ANUSHA NICOLE PRABHU
Date: 01.2019

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. ANUSHA NICOLE PRABHU 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: Dr. Rakesh Ghildiyal
Dr. RAKESH GHILDIYAL
M.D., D.P.M.
Prof & Head, Dept. of Psychiatry
MGM Medical College, Navi Mumbai
Attested By

Name: DR. RAKESH GHILDIYAL
Designation: PROF & HEAD
Department: PSYCHIATRY

Signature of Head of Department
DR. RAKESH GHILDIYAL
Dr. RAKESH GHILDIYAL
M.D., D.P.M.
Prof & Head, Dept. of Psychiatry
MGM Medical College, Navi Mumbai
(Name in Block letters with seal)

Signature of Head of Medical/Dental College
Dean.
M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209



(Name in Block letters with seal)