APPLICATION ATTESTATION FORM (AAF) SPARK 2022

SPARK Reference ID/ Aadhaar No.: …………………………….……
Name of the Student: …………………………………….......………
Name of the Guide: …………………………………………….......……..
Name of Medical College: ……………………………………..................
…………………………………………………………….…….......
Title of the SPARK Proposal: …………………………………………….. .
…………………………………………………………………….....
………………………………………………………….....................

> **Paste recent coloured passport size photograph**

Certificate to be signed by the Student

I certify that I am a BAMS student and am here by providing true information in the online application form for SPARK 2022 best to my knowledge. I am submitting only one application for SPARK 2022. 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 CCRAS.

If selected, I shall follow all instructions provided on CCRAS website for carrying out the research, preparation and submission of SPARK 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 SPARK 2022 provided on CCRAS website and will abide by them.

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 BAMS -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 SPARK 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 SPARK 2022 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:_____   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)**

Fill form completely & check it before submission.