

**APPLICATION ATTESTATION FORM (AAF) PG STAR**

PG STAR Reference ID: .....  
Name of the Student: .....  
Name of the Guide: .....  
Name of Medical College: .....  
.....  
Title of the PG STAR Proposal: .....  
.....  
.....

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**Certificate to be signed by the Student**

I certify that I am a MD/MS (Ay.) student (admission batch 2021-2022) and hereby providing true information in the online application form for PG STAR to the best of my knowledge. In the event any information is found to be false or any misconduct is noticed my scholarship can be cancelled. I also certify that the research proposal/approved MD synopsis 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 I am selected, I shall follow all instructions provided on CCRAS website for carrying out the research, preparation and submission of PG STAR report and also the information and instructions provided from time to time by the Council. I also understand that if I leave the scholarship within one year I will have to submit a detailed progress report of the work done with publication ensuring the final settlement of account up to the period of scholarship. I have gone through all the Instructions and Terms & Conditions for PG STAR 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 certify that application of Dr./Vaidya \_\_\_\_\_ is working under my guidance and his/her application for PG STAR is duly scrutinized and recommended by the scrutiny committee in the College/Institute. I will offer him/her all facilities and guidance for carrying out research work as per PG STAR scheme. I also certify that the proposal/approved MD synopsis is an original submission prepared by the student under my guidance. I confirm that there is no 'plagiarism' in preparing this proposal. I ensure that I have forwarded only one PG STAR student application. If my student is selected, I shall take care for proper and timely utilization of the funds received under PG STAR scheme. All the six monthly reports, final report along with publication and UC&SOE will be submitted well in time.

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)**