





- References

2) Ethics Committee Application / Certificate

3) Informed Consent Form

4) Case Study Form

5) Study Questionnaire

**Signature of the Student**

**Signature of the Guide**

**Signature of the Head of the Institution with Seal**



**APPLICATION ATTESTATION FORM (AAF) - UGSRS 2021**

Name of the Student: .....

Name of the Guide: .....

Name of MBBS/BDS/AYUSH/NURSING/PHYSIOTHERAPY

Institute:.....  
.....

Paste recent  
colour passport  
size Photograph  
(Attested by the  
principal/Dean)

Bank Account Details of the applicant

Name of the Bank & Branch.....

A/c No..... IFSC Code.....

Title of the UGSRS Proposal: .....

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Certificate to be signed by the Student

I certify that, I am an MBBS/BDS/AYUSH/NURSING/ PHYSIOTHERAPY student and am here by providing true information in the application form for UGSRS 2021 best to my knowledge. I am submitting only one application for UGSRS 2021. 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 Dr.NTR UHS.

If selected, I shall follow all instructions provided by the Dr.NTR UHS for carrying out the research, preparation and submission of UGSRS 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 UGSRS 2021 provided by Dr.NTR UHS and will abide by them.

Name of the Student: -----

Signature of Student:

Date:

Certificate to be signed by the Guide

I agree to accept the applicant  
Mr./Ms. \_\_\_\_\_ studying  
MBBS/BDS/AYUSH /NURSING/PHYSIOTHERAPY-I/II/III/IV(tick appropriate)  
institute\_\_\_\_\_. I certify that he/she is not an intern/PG and I will  
offer him/her all facilities and guidance for carrying out UGSRS 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 has committed 'plagiarism'  
in preparing this proposal. I am forwarding only one UGSRS 2021 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.

Name: .....

Designation: .....

Department: .....

Signature of Guide:

Attested By

Signature of Head of Department

Signature of Head of the Institute

(Name in Block letters with seal)

(Name in Block letters with seal)

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Fill form completely & check it before submission.

