

**ANNEXURE I – APPLICATION ATTESTATION FORM (PG – STAR)**

PG STAR Reference ID: .....

Name of the Student: .....

Name of the Guide: .....

Name of Medical College: .....

.....

Title of the PG STAR Proposal: .....

.....

.....

**Paste recent  
coloured  
passport size  
photograph**

**Certificate to be signed by the Student**

I certify that I am a MD/MS (Ay.) student and hereby providing true information in the online application form for PG STAR (admission batch 2022-2023 best to my knowledge. In the event any information is found to be false, my scholarship may 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 followed by publications (If any) 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 agree to accept to guide the research work of the student Dr./Vaidya \_\_\_\_\_ studying in MD/MS (Ay.) (Tick appropriate). I certify that he/she is not a student of other courses and I will offer him/her all facilities and guidance for carrying out PG STAR 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 declare that I am forwarding a maximum of two PG STAR student applications. 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)**