STS Reference ID: 2022-05901

Name of the Student: SUDIKSHA. KHANNA Name of the Guide: DR. PODNAM BALT

Name of Medical/Dental College: CHRISTIAN DENTAL COLLEGE

Title of the STS Proposal: TO EVALUATE THE EFFELTIVENESS OF DIFFERENT PREVISUALISATION

TECHNIQUES USED FOR SMILE CORRECTION



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 2022 best to my knowledge. I am submitting entry one application for STS 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

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 2022 provided on ICMR website and will abide by

Signature of Student: Date: FJune 2023

Name of the Student; SUDIKSHA KHANNA

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. SUDIKSHA KHANNA MBBS/BDS-L/II/MI/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 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

DR. ANGLEENA Y. DANIEL PROFESSOR & H.O.D. DEPT OF PROSTHODONTICS CHRISTIAN DENTAL COLLEGE (Name in Block letters with scal)

Signature of Head of Medical/Dental College

Prinzipal

Christian Dental College Ludhlana (Punjab)

DR. ABI M THOMAS. (Name in Block letters with seal)

| STS Reference ID: 2022 - 0 7797 |
|--|
| Name of the Student: FLORIDA NAYAK |
| Name of the Guide: DR. ANAMIKA ABRAHAM |
| Name of Medical/Dental College: CHRISTIAN DENTAL |
| COLLEGE LUDHIANA |
| Title of the STS Proposal: EVALUATION OF BARRIERS TO |
| PREVENTIVE DENTAL HEALTH CARE AND ITS |
| UTILISATION IN INDIA |
| |



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 2022 best to my knowledge. I am submitting only one application for STS 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 ICMR

If selected, I shall follow all instructions provided on IQMR 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 2022 provided on ICMR website and will abide by them.

Signature of Student: Florida Nayo Name of the Student: FLORIDA NAYAK
Date: 19102/2022

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. FLOKUP NAYAK studying in MBBS/BDS-VI/III/IV (tick appropriate). Decrify 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 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: DR. ANANIKA ABRAHAM
Designation: ASSISTANT PROFESSOR
Department: PROSTHODDATICS

Attested By

Signature of Head of Department

DEPARTMENT OF PROSTHODONTICS
AND CROWN & BRIDEGE

RNITASHA GANDHI (Name in Block letters with Seal)

fill form completely & check it before submission.

Signature of Head of Medical Dental College

DR. ABI OF THOMAS

Principal

Christian Dental College

CMan Hahianaters with seal)

STS Reference ID: 2012-12656

Name of the Student: KARAN SHAHT

Name of the Guide: Dr. Aquel Elizabeth Romin

Name of Medical/Dental College: CHRISTIAN DENTAL

COLLEGE LUCHTANA

Title of the STS Proposal: Comparative evaluation of and lugience status in orthography.



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 2022 best to my knowledge. I am submitting only one application for STS 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 ICMR

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Signature of Student: 19/2/22

Name of the Student: KARAN SHAME

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. KARN SHAHT studying in MBBS/BDS-I/II/III/IV (tick appropriate). Certify that he/she is not an intern or student of other courses and I will offer him/he 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 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 Touch

Name: De gewel Elisabeth Ranji Designation: Assistant Professor Department: Garlosontica

Attested By

Signature of Head of Department

CHRISTIAN DENT COLLEGE

(Name in Block letters with seal)

Signature of Head of Medical/Dental College

Christiano Danter with ead Ludhiana

STS Reference ID: 2022-09179

Name of the Student: Samudhi Kakkart...

Name of the Guide: Dr. Angleena Y. Daniel
Name of Medical/Dental College: Christian Dental College, Luduiana

Title of the STS Proposal: Comparing Operlator. Expliency in Splinting open tray implement impression bests using now information submission technique versus traditional Splinting technique using a dental bloss.

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 2022 best to my knowledge. I am submitting only one application for STS 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 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. Thave gone through all the Instructions and Terms & Conditions for STS 2022 provided on ICMR website and will abide by

Signature of Students

Name of the Student: SAMRIDIN KAKKAR

Certificate to be signed by the Guide

I agree to accept the applicant Mr. Ms. WANKIOH! KALLAR. MBBS/BDS-I/II/IH/IV (tick appropriate). Lecrtify 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 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: Maid

Name: ANGLEWA

Designation: Pag. Department: PROSTHOSOLITICS

Attested By

Signature of Head of Department

BEAUTY OF PROSTHODONTIES AND CROWN & BRIDEGE

Ame in Block lefter With Leath and

Signature of Head of Medical/Dental College

Christian Dental College CMC Ludmana

(Name in Block letters with seal)

STS Reference ID: 2022 - 03526

Name of the Student: ISHMEET KAUR GREWAL

Name of the Guide: DR. NIRMAL KURIEN

Name of Medical/Dental College: CHRISTIAN DENTAL COLLEGE,

LUDHIANA, PUNTAB

Title of the STS Proposal: A. CHNICAL STUDY TO ASSESS EFFECTIVENESS OF MODIFIED SINGLE STAGE IMPRESSION TECHNIQUE FOR COMPLETE DENTURES USING HEAT - MOLDABLE TRAYS



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 2022 best to my knowledge. I am submitting only one application for STS 2022. In the event any information is found to be false, my studentship may be conceiled. I also certify that the research proposal is an original work prepared under the guidance of my Guide Confirm that I have not committed 'plagiarism' in preparing this proposal, I understand that after a luation 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 the if I are mable to complete my project & submit the report before the last date, no certificate or superal will be a varied to me. I have gone through all the Instructions and Terms & Conditions for \$15,2022 provided on ICMR website and will abide by

Signature of Student: Tehner

Name of the Student: ISHIMEET KAUR GREWAL

Date: 7 2 2022

Certificate to be signed by the Guide

I agree to accept the applicant Mr/Ms. Tourist KAUR GREWAL studying in MBBS/BDS-I/II/III (ties appropriate). Describe that he she is not an intern or student of other courses and I will offer human all an immediate productions 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 unden have committed flagiarism in preparing this proposal. I am forwarding only one STS 2022 student application. If my student is selected, I shall provide required facilities to enable early so that the report is submitted before the last date. completion of research

Name: DR NIRMAL KURIEN Designation: ASSOCIATE PROFESSOR Department: PROSTHO DONTECS AND ROWN & BRIDGE

Attested By

Signature of Head of Department
UEPARTIMENT OF PROSTHODGMICS AND CROWN & BRIDEGE

DR. NITASHA GANDHI

(Name in Block lefters with seal)

Signature of Head of Medical/Dental College

Dr. ABI M. THOMB

Principal Christian Dental College (NOMAG Bluckhenerawith seal)

| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--|--|
| STS Reference ID: 2022-05393 Name of the Student: KARHMVIR Name of the Guide: De ANCETA MARY | |
| Name of the Student: KARHMVIR | |
| Name of the Guide: WR. ANGETA MARY | SABU. |
| The of Medical/Dental College: Publications | DENTAL . |
| | |
| Title of the STS Proposal: ANALYSIS OF | MAXILLO FACIAL |
| Title of the STS Proposal: ANALYSIS OF EMERGENCIES IN A TERTIORY CA | RE CONTRE OF |
| A COMPARISON B | ETWEEN PRECOVID |
| & COVID PERIOD | |
| Certificate to be signed by t | the Student |
| I certify that I am an MBBS/BDS student and am her | e by providing true information in the online |
| application form for STS 2022 best to my knowledge. I am su | bmitting only one application for STS 2022 |
| In the event any information is found to be false, my students research proposal is an original work prepared under the guid | ship may be cancelled. I also certify that the |
| committed 'plagiarism' in preparing this proposal. I understan | d that after evaluation of my proposal. I may |
| or may not be selected and I shall abide by the decision of ICA | AR. |
| | CA. MA |
| If selected, I shall follow all instructions provided on IC preparation and submission of STS report. I also understand the | MR website for carrying out the research, |
| submit the report before the last date, no certificate or supend | |
| all the Instructions and Terms & Conditions for \$1\$ 2022 p | |
| them. | |
| Signature of Student: Kannovia Name of the Studen | |
| Date: | The mount |
| | |
| Certificate to be signed by | the Guide |
| | > |
| I agree to accept the applicant Mr./Ms. | ARAMVIR studying in |
| MDDC DDC LITHTING (tiel appropriate) I certify that he she | is not an intern or student of other courses |
| and I will offer how have all facilities and outdance for carry | ing out STS research. I also certify that the |
| proposal is an original submission prepared by the student us and nor my student have committed 'plagiarism' in preparing | this proposal. I am forwarding only one STS |
| 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 be | fore the last date. |
| | Do Bracos Many CARU |
| Signature of Guide: Surv. | Designation: ASSISTANT PROFESSOR |
| | Department: ORAL + MAXILOFACIAL |
| and the same of th | SURCERY |
| Dr. INDERJOT | Principal |
| Attested By | Christian Dental College |
| MC & AS LOUYEAU ACSURGERY | CMC Ludhiana |
| U. JAPANET STATE | College |
| Signature of Head of Department Sig | nature of Head of Medical/Dental College |
| | Λ |
| DE TNDERJOT SMAH | DR. ABIN. M. THOMAS. |
| DR. INDERJOT SMAM | MILL |
| | (Name in Block letters with seal) |
| (Name in Block letters with seal) | 1 |
| | Principal |
| fill form completely & check it before submission. | Christian Dental College |
| уш зогт сатринену ж стол 2 - 9 | CMC Ludhiana |

STS Reference ID: 2022 - 08994
Name of the Student: PRETTY ANNA JOSEPH
Name of the Guide: DR: SHEKHAR KAPOOR
Name of Medical/Dental College: CHRISTIAN DENTAL
COLLEGE, LUDHIANA, PUNTAB
Title of the STS Proposal: ANARENESS AND CONSTRAINS
OF JOBACCO CESSATION PRACTICES AMONG



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 2022 best to my knowledge. I am submitting only one application for STS 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 IÇMR.

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 2022 provided on ICMR website and will abide by them.

Signature of Studenty Putty Ima
Date: 15022022

Name of the Student: PRETTY ANNA JOSEPH

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. RETY ANNA CSEPT studying in MBBS/BDS-I/II/II/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 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: DA. SHEKHAR KAPOOR

Designation: PROFESSOR

Department: ORAL MEDICINE AND RADIOLOGY

Attested By

Signature of Head of Department Dr. Shekhar Kapoo

Associate Professor & 1...

(Name in Block lefters with seal)

Signature of Head of Medical Dental College

Principal
Christian Dental College
CMC Ludhiana

(Name in Block letters with seal)

| STS Reference ID: 2022 - 055 32 | |
|--|-----|
| Name of the Student: JAGATISHI KAUR Name of the Guide: DRIBHUSHAN SHARMA | |
| CERICALIAN BEST | |
| COLLEGE LIJOHIKINA | |
| Title of the STS Proposal: AN EXPLORATORY SURVEY TO ASCESS ORAL MANIFESTATIONS | 110 |
| COVID-IT PATIENTS | |



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 2022 best to my knowledge. I am submitting only one application for STS 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 ICMR

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Signature of Student: Tagatishi

Name of the Student

KAUR AGATISHI

Date: 19-02-2022

Certificate to be signed by the Guide

I agree to accept the applicant Norms. Structure of other courses MBBS/BDS-I/II/II/II/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 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: OR. BHUSHAN SHARMA

Designation: PROFESSOR Department: DEPARTMENT OF ORAL PATHOLOGY

Attested By

Signature of Head of Department

DR. GEORGE KOSHY CHRISTIAN DENTAL COLLEGE

C.M.C. LUDHIANA (Punjab)

(Name in Block letters with seal)

Signature of Head of Medical/Dental College

DR. ABE M. THOMAS

Principal

Christian Dental College

CMC Ludhiana (Name in Block letters with seal)

| STS Reference ID: | 2022-07100 |
|----------------------|---|
| Name of the Student: | SRISHTI JOLLY |
| Name of the Guide: | DR ROHLT SUNNY MATHEW |
| Name of Medical/Der | ntal College: CHRISTIAN DENTAL COLLEGE INJAB |
| ride of the STS Prop | osal: TRADITIONAL TEACHING VG |
| AMONY DEN | ITAL STUDENTS |



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 2022 best to my knowledge. I am submitting only one application for STS 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 ICMR.

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Signature of Student: Luttie

Name of the Student: SAIGHT

SAIGHTI JOLLY

Certificate to be signed by the Guide

I agree to accept the applicant Mr/Ms. SIGHT YOUY 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 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: DR ROHIT SUNNY MATHEW
Designation: ASSISTANT PROFESSOR

Department: PROSTHODONTICS AND CROWN & BAIDGE

Attested By

Signature of Head of Department

DR. ANGLEENA Y. DANIEL PROFESSOR & H.O.D. DEPT OF PROSTHODONTICS CHRISTIAN DENTAL COLLEGE (VIDENAMOCK letters with seal)

Signature of Head of Medical/Dental College

DR ABI. M THOMAS

Principal Christian Dental College CMC Ludhiana

(Name in Block letters with seal)

STS Reference ID: 2022-08.699

Name of the Student: ANGELA ANNA ALEX

Name of the Guide: DR. PRAISY PALLATHU PRASAD

Name of Medical/Dental College: ...CHRISTIAN ... DENTAL

COLLEGE, LUDHIANA

Title of the STS Proposal: EVALUATION OF CONFLOCNCE TO PRACTICE AMONG DENTAL STUDENTS

WHO HAVE GRADUATED DURING THE COVID-19



PANDEMIC.

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 2022 best to my knowledge. I am submitting only one application for STS 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 ICMR.

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Signature of Student: _ Q Date: 21/02/2022

Name of the Student: ANGELA ANNA ALEX

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. ANOR/A ANNA ALEX studying in MBBS/BDS-I/II/III/IV (tick appropriate). Tcertify 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 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:

Artested By

Signature of Head of Medical/Dental College

Principal Christian Dental College Ludhiana

(Name in Block letters with seal)

Name: DR PRAISY PRASAD

SURGER

Designation: ASS/S TAINT PROFESSOR Department: ORAL AND MAXILLOF ACIAL

CMC & HOSPITAL, LUDHEANA

Signature of Head of Department

ROFESSOR DEPT. OF ORAL & MAXILLOFACIAL SURGERY

(Name in Block letters with seal)

STS Reference ID: 2082 - 05538 Name of the Student: RAJVEER HANN Name of the Guide: Dr. KARDA KOSHY CHERIAN Name of Medical/Dental College: CHRISTIAN DEN TAL COLLEGE , LUDNIANA Title of the STS Proposal: LOM PARLTINE ... EVALUATION .. OF SALIVARY BIS - PHENOL ALEVEL IN PATIENTS WEARING ORTHODONTIC RETAINERS AN WITROSTODY



Certificate to be sigued 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 2022 best to my knowledge. I am submitting only one application for STS 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 IQMR

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 2022 provided on ICMR website and will abide by

Signature of Student (LA)

Name of the Student

PATUEER MANN

Certificate to be signed by the Guide

studying in I agree to accept the applicant Mr./Ms. RAJUEER MANN MBBS/BDS-I/II/II/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 proposal is an original submission prepared by the student under my guidance. I confirm that neither me and nor my student have committed phagiarism in preparing this proposal. I am forwarding only one STS and nor my student have committed phagiarism in preparing this proposal. I am forwarding only one STS and nor my student have committed phagiarism in preparing this proposal. I am forwarding only one STS and nor my student have committed phagiarism in preparing this proposal. I am forwarding only one STS and nor my student have committed phagiarism in preparing this proposal. I am forwarding only one STS and nor my student have committed phagiarism in preparing this proposal. I am forwarding only one STS and nor my student have committed phagiarism in preparing this proposal. I am forwarding only one STS and nor my student have committed phagiarism in preparing this proposal. I am forwarding only one STS and nor my student have committed phagiarism in preparing this proposal. I am forwarding only one STS and nor 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: DR. KARUN KOSHY CHERIAN

Designation: ASSISTANT PROFESSOR

Department: ORTHODONTICS AND DENTOFACIAL

Attested By

Signature of Head of Department COLLEGE CHRISTIAN DENT C.M.C., LUDHIANA (Punish)

DR. RAJAN JAIRATH

(Name in Block letters with seal)

al/Dental College Signature of Head of Me

PR. ABI M. THOM AS

Principal Christian Dental College Luchiana Block letters with seal)