

APPLICATION ATTESTATION FORM (AAF) STS 2022

STS Reference ID: 2022-05901
Name of the Student: SUDIKSHA KHANNA
Name of the Guide: DR. POONAM BALI
Name of Medical/Dental College: CHRISTIAN DENTAL COLLEGE
Title of the STS Proposal: TO EVALUATE THE EFFECTIVENESS 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 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. 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: *Sudiksha*
Date: 7 June 2022

Name of the Student: SUDIKSHA KHANNA

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. SUDIKSHA KHANNA 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: *[Signature]*

Name: Dr. Poonam Bali
Designation: Professor
Department: Prosthodontics

Attested By

[Signature]
Signature of Head of Department
DR. ANGLEENA Y. DANIEL
PROFESSOR & H.O.D.
DEPT OF PROSTHODONTICS
CHRISTIAN DENTAL COLLEGE
LUDHIANA
(Name in Block letters with seal)

[Signature]
Signature of Head of Medical/Dental College
Principal
Christian Dental College
Ludhiana (Punjab)
DR. ABI M THOMAS.
(Name in Block letters with seal)

APPLICATION ATTESTATION FORM (AAF) STS 2022

STS Reference ID: 2022-07797
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 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 Student: Florida Nayak Name of the Student: FLORIDA NAYAK
Date: 19/02/2022

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. FLORIDA NAYAK 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: Anamika

Name: DR. ANAMIKA ABRAHAM
Designation: ASSISTANT PROFESSOR
Department: PROSTHODONTICS

Attested By

Signature of Head of Department: Nitasha Gandhi

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE
DR. NITASHA GANDHI
(Name in Block letters with seal)
CHRISTIAN DENTAL COLLEGE

Signature of Head of Medical/Dental College: Abi M. Thomas
DR. ABI M. THOMAS
Principal
Christian Dental College
CMC Ludhiana
(Name in Block letters with seal)

APPLICATION ATTESTATION FORM (AAF) STS 2022

STS Reference ID: 2022-12656
Name of the Student: KARAN SHAHI
Name of the Guide: Dr. Jewel Elizabeth Ranji
Name of Medical/Dental College: CHRISTIAN DENTAL COLLEGE LUDHIANA
Title of the STS Proposal: Comparative evaluation of oral hygiene status in orthodontic patients of three different age groups



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. 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: [Signature] Name of the Student: KARAN SHAHI
Date: 19/2/22

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. KARAN SHAHI 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: [Signature] Name: Dr. Jewel Elizabeth Ranji
Designation: Assistant Professor
Department: Orthodontics

Attested By

Signature of Head of Department
CHRISTIAN DENT COLLEGE
C.M.C. LUDHIANA (Punjab)
Dr. RAJAN JALRATH
(Name in Block letters with seal)

Signature of Head of Medical/Dental College
Principal
Christian Dental College
(Name in Block letters with seal)
Ludhiana

APPLICATION ATTESTATION FORM (AAF) STS 2022

STS Reference ID: 202209179

Name of the Student: Samrudhi Kakkar

Name of the Guide: Dr. Angleena Y. Daniel

Name of Medical/Dental College: Christian Dental College, Ludhiana

Title of the STS Proposal: Comparing operator efficiency in splinting open tray implant impression casts using novel nylon sub-assisted impression technique versus traditional splinting technique using a dental fibres.



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. 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: [Signature] Name of the Student: SAMRUDHI KAKKAR Date: _____

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. SAMRUDHI KAKKAR 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: [Signature] Name: ANGLEENA Y. DANIEL Designation: PROF. Department: PROSTHODONTICS

Attested By

Signature of Head of Department: [Signature] DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE CHRISTIAN DENTAL COLLEGE, LUDHIANA (Name in Block letters with seal)

Signature of Head of Medical/Dental College: [Signature] Principal Christian Dental College CMC Ludhiana

(Name in Block letters with seal)

2019/12

APPLICATION ATTESTATION FORM (AAF) STS 2022

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, PUNJAB
Title of the STS Proposal: A CLINICAL 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 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 student 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: Ishmeet Name of the Student: ISHMEET KAUR GREWAL
Date: 7/2/2022

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. ISHMEET KAUR GREWAL studying in MBBS/BDS-I/II/III/IV (not 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 NIRMAL KURIEN
Designation: ASSOCIATE PROFESSOR
Department: PROSTHODONTICS AND CROWN & BRIDGE

Attested By

Signature of Head of Department
DEPARTMENT OF PROSTHODONTICS
AND CROWN & BRIDGE
DR. NITASHA GANDHI
CHRISTIAN DENTAL COLLEGE
(Name in Block letters with seal)

Signature of Head of Medical/Dental College
Dr. ABI M. THOMAS
Principal
Christian Dental College
(Name in Block letters with seal)

Fill form completely & check it before submission.

APPLICATION ATTESTATION FORM (AAF) STS 2022

STS Reference ID: 2022-05393
Name of the Student: KARAMVIR
Name of the Guide: DR. ANEETA MARY SABU
Name of Medical/Dental College: CHRISTIAN DENTAL COLLEGE - LUDHIANA
Title of the STS Proposal: ANALYSIS OF MAXILLO-FACIAL EMERGENCIES IN A TERTIARY CARE CENTRE OF NORTH INDIA - A COMPARISON BETWEEN PRE-COVID & COVID PERIOD



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. 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: Karamvir Name of the Student: Karamvir
Date: _____

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. KARAMVIR studying in MBBS/BDS/VI/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. ANEETA MARY SABU
Designation: ASSISTANT PROFESSOR
Department: ORAL & MAXILLO-FACIAL SURGERY

DR. INDERJOT SINGH
DEPT. OF ORAL & MAXILLO-FACIAL SURGERY
CMC LUDHIANA

Signature of Head of Department

DR. INDERJOT SINGH

(Name in Block letters with seal)

Attested By

Principal
Christian Dental College
CMC Ludhiana

Signature of Head of Medical/Dental College

DR. ABU M. THOMAS

(Name in Block letters with seal)

Principal
Christian Dental College
CMC Ludhiana

APPLICATION ATTESTATION FORM (AAF) STS 2022

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, PUNJAB
Title of the STS Proposal: AWARENESS AND CONSTRAINTS OF TOBACCO CESSATION PRACTICES AMONG DENTIST



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. 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: Pretty Anna Name of the Student: PRETTY ANNA JOSEPH
Date: 15/02/2022

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. PRETTY ANNA JOSEPH 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: [Signature]

Name: DR. SHEKHAR KAPOOR
Designation: PROFESSOR
Department: ORAL MEDICINE AND RADIOLOGY

Attested By

Signature of Head of Department
Dr. Shekhar Kapoor
MDS
Associate Professor &
Dept. of CDR CDL
(Name in Block letters with seal)

Signature of Head of Medical/Dental College
[Signature]
Principal
Christian Dental College
CMC Ludhiana
(Name in Block letters with seal)

APPLICATION ATTESTATION FORM (AAF) STS 2022

STS Reference ID: 2022-05532
Name of the Student: JAGATISHI KAUR
Name of the Guide: DR. BHUSHAN SHARMA
Name of Medical/Dental College: CHRISTIAN DENTAL
COLLEGE, LUDHIANA, PUNJAB
Title of the STS Proposal: AN EXPLORATORY CLINICAL
SURVEY TO ASSESS ORAL MANIFESTATIONS IN
COVID-19 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: Jagatishi Kaur
Date: 19-02-2022
Name of the Student: JAGATISHI KAUR

Certificate to be signed by the Guide

I agree to accept the applicant Mr/Ms. JAGATISHI KAUR 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. BHUSHAN SHARMA
Designation: PROFESSOR
Department: DEPARTMENT OF
ORAL PATHOLOGY

Attested By

Signature of Head of Department

(Dr. Geese Kosty)
CHRISTIAN DENTAL COLLEGE
C.M.C. LUDHIANA (Punjab)

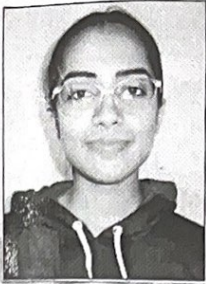
(Name in Block letters with seal)

Signature of Head of Medical/Dental College

DR. ABI M. THOMAS
Principal
Christian Dental College
CMC Ludhiana
(Name in Block letters with seal)

APPLICATION ATTESTATION FORM (AAF) STS 2022

STS Reference ID: 2022-07100
Name of the Student: SRISHTI JOLLY
Name of the Guide: DR. ROHIT SUNNY MATHEW
Name of Medical/Dental College: CHRISTIAN DENTAL COLLEGE
LUDHIANA PUNJAB
Title of the STS Proposal: TRADITIONAL TEACHING VS
TEACHING USING A 3D PEN - A SURVEY
AMONG DENTAL 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: [Signature] Name of the Student: SRISHTI JOLLY
Date: 01-06-22

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. SRISHTI JOLLY 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: [Signature] Name: DR ROHIT SUNNY MATHEW
Designation: ASSISTANT PROFESSOR
Department: PROSTHODONTICS AND CROWN & BRIDGE

Attested By

[Signature]
Signature of Head of Department
DR. ANGLEENA Y. DANIEL
PROFESSOR & H.O.D.
DEPT OF PROSTHODONTICS
CHRISTIAN DENTAL COLLEGE
LUDHIANA
(Name in Block letters with seal)

[Signature]
Signature of Head of Medical/Dental College
DR ABI. M THOMAS
Principal
Christian Dental College
CMC Ludhiana
(Name in Block letters with seal)

fill form completely & check it before submission.

APPLICATION ATTESTATION FORM (AAF) STS 202

STS Reference ID: 2022-08699
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 CONFIDENCE 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: [Signature] Name of the Student: ANGELA ANNA ALEX
Date: 21/02/2022

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. ANGELA ANNA ALEX 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: [Signature] Name: DR PRAISY PRASAD
Designation: ASSISTANT PROFESSOR
Department: ORAL AND MAXILLOFACIAL SURGERY

Attested By

Signature of Head of Department

[Stamp: DR. JAGDEEP SINGH, PROFESSOR, DEPT. OF ORAL & MAXILLOFACIAL SURGERY, CMC & HOSPITAL, LUDHIANA]

(Name in Block letters with seal)

Signature of Head of Medical/Dental College

[Signature]
Principal
Christian Dental College
Ludhiana

(Name in Block letters with seal)

APPLICATION ATTESTATION FORM (AAF) STS 2022

STS Reference ID: 2022-05538
Name of the Student: RAJVEER MANN
Name of the Guide: DR. KARUN KOSHY CHERIAN
Name of Medical/Dental College: CHRISTIAN DENTAL COLLEGE, LUDHIANA
Title of the STS Proposal: COMPARITIVE EVALUATION OF SALIVARY BIS-PHENOL A LEVEL IN PATIENTS WEARING ORTHODONTIC RETAINERS-AN IN VITRO STUDY



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: [Signature] Name of the Student: RAJVEER MANN
Date: 19/02/2022

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. RAJVEER MANN 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: [Signature] Name: DR. KARUN KOSHY CHERIAN
Designation: ASSISTANT PROFESSOR
Department: ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Attested By

[Signature]
Signature of Head of Department
CHRISTIAN DENT COLLEGE
C.M.C., LUDHIANA (Punjab)
DR. RAJAN JAIRATH
(Name in Block letters with seal)

[Signature]
Signature of Head of Medical/Dental College
DR. ABI M. THOMAS
Principal
Christian Dental College
Ludhiana
(Name in Block letters with seal)