

APPLICATION ATTESTATION FORM (AAF) SPARK 2022

SPARK Reference ID: SPARK/3065/89
Name of the Student: Anumit Kar
Name of the Guide: Dr. M. H. Mali.
Name of Medical College: S. V. M. Ayurvedic Medical College, ILKAL, Dist: Bagalkot.
Title of the SPARK Proposal: "Study on effect of Om chanting & Bhramari pranayama along with Brahmī Vati to improve concentration in children".



Certificate to be signed by the Student

I certify that I am a BAMS student and am here by providing true information in the online application form for SPARK 2022 best to my knowledge. I am submitting only one application for SPARK 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 CCRAS.

If selected, I shall follow all instructions provided on CCRAS website for carrying out the research, preparation and submission of SPARK 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 SPARK 2022 provided on CCRAS website and will abide by them.

Signature of Student: Anumitkar Name of the Student: ANUMIT KAR
Date: 24-10-2022

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. Anumit kar studying in BAMS -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 SPARK 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 SPARK 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: Mali.

Name: Dr. M. H. Mali.
Designation: Professor & HOD
Department: Swasthavritta & Yoga.

Attested By

Signature of Head of Department
DR. M. H. Mali.
Dept. of Swasthavritta.

(Name in Block letters with seal)

Signature of Head of Medical College
DR. K. C. DAS

(Name in Block letters with seal)

PRINCIPAL

Shri Vijay Mahantesh Ayurvedic
Medical College, ILKAL.