

## APPLICATION ATTESTATION FORM (AAF) SPARK 4.0 (2025-26)

SPARK ID: .....  
Name of the Student: .....  
Name of the Guide: .....  
Name of Ayurveda College/ Institute: .....  
.....  
Title of the SPARK Proposal: .....  
.....  
.....

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### 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 2025-26 to the best of my knowledge. I am submitting only one application for SPARK 2025-26. 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 and I will not ask for any further extension of timeline. I have gone through all the Instructions and Terms & Conditions for SPARK 2025-26 provided on SPARK Portal at 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 the applicant Mr./Ms. \_\_\_\_\_ 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/two SPARK 2025-26 student application and this is the first/second 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. I will extend my all cooperation to complete the task as per the instructions given in the SPARK Portal. We will abide by all the decision of the CCRAS as Final.

Signature of Guide: \_\_\_\_\_ Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Department: \_\_\_\_\_

This is to certify that this student is recommended by Scrutiny Committee and falls under 10% maximum seats.

### Attested By

Signature of Head of Department

Signature of Head of Ayurveda College/Institute

(Name in Block letters with seal)

(Name in Block letters with seal)

Date:

Date: