

**Annexure – 1**

**DECLARATION OF THE APPLICANT**

Name of the Student/ Resident/Faculty	
Title of Research Topic:	
Type of research paper	Original/ Review/ Case report/ Thesis (circle the appropriate one)
NEIGRIHMS ID number	
Department:	
Address for communication:	
Cell Phone No:	
E-mail ID:	
<b>Details of the Supervisor in case of Student/Resident</b>	
Name of the Supervisor:	
Designation & Address:	
Cell Phone No:	
E-mail ID:	
<b>Details of the Co-Supervisor (if any) in case of Student/ Resident</b>	
Name of the Co- supervisor:	
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I promise to abide by the rules and academic regulations of NEIGRIHMS, I Agree that I shall abide by the decision of the NEIGRIHMS which is final.

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SIGNATURE OF  
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**Annexure – 3**

**CERTIFICATE OF ORIGINALITY**

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Place:

Date:

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**Annexure - 5**

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Student Approval Form

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Department	
Degree	
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Supervisor	
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Signature and seal of the Supervisor

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Date:

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