

APPLICATION ATTESTATION FORM (AAF) SPARK-03 (2024-25)

SPARK ID: SPARK/2024/5766/1242
 Name of the Student: SUDHANSHU GAUTAM
 Name of the Guide: Asst. Prof. Dr. ASHWANI DIMRI
 Name of Ayurveda College/ Institute: DOON INSTITUTE OF MEDICAL SCIENCES
 Title of the SPARK Proposal: Assessing the Role of Krodhha Ahar in Disease Development: An Ayurvedic Perspective on Dietary Incompatibility



Certificate to be signed by the Student

I certify that I am a BAMS student and am hereby providing true information in the online application form for SPARK-03 (2024-25) to the best of my knowledge. I am submitting only one application for SPARK-03 (2024-25). 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 or by any communication 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 final report before the last date, no certificate or studentship 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-03 (2024-25) provided on SPARK Portal at CCRAS website and will abide by them.

Signature of Student: [Signature] Name of the Student: Sudhanshu Gautam
 Date: 30/JAN/2025

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. Sudhanshu Gautam studying in BAMS -I/II/III/IV Year/Professional (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-03 (2024-25) student application(s) 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: [Signature] Name: Dr. Ashwani Dimri
 Designation: Assistant Professor
 Department: Raj Nidan Evam Vikriti Vigyan

This is to certify that this student is recommended by Scrutiny Committee of the College and falls under 10% of annual intake for the UG Seats of the College.

Attested By

[Signature]
 Signature of Head of Department

Dr. ANIL KUMAR
 (Name in Block letters with seal)

Date: 30/JAN/2025
 H.O.D
 DEPARTMENT OF ROGNIDAN
 FACULTY OF AYURVEDA
 DIMS, DEHRADUN

[Signature]
 Signature of Head of Ayurveda College/Institute
 Faculty of Ayurveda
 Sahaspur, Dehradun

Dr. ANIL KUMAR
 (Name in Block letters with seal)

Date: 30/JAN/2025

Fill form completely & check it before submission.

[Signature]
 Principal
 Doon Institute of Medical Sciences
 Faculty of Ayurveda
 Sahaspur, Dehradun

290	SPARK/2024/2795/ 189	UTTAR PRADESH	ADARSH KUMAR	4TH	AVIDYALAYA, OPPOSIT E DHARPA POWER HOU SE, DISTT. BULANDSHA HAR, G.T. ROAD, KHUR ZA- 203131, UTTAR PRA DESH
291	SPARK/2024/3977/ 883	UTTARAKHAND	SIMRAN KUMARI	2ND	CHAUDHARY HARCHAN D SINGH ATMARAM ED UCATIONTRUST, QUAD RA INSTITUTE OF AYUR VEDA, NH-58, HARIDWA R ROAD ROORKEE-2476 67, DISTT. HARIDWAR, UTTARAKHAND
292	SPARK/2024/4196/ 240	UTTARAKHAND	SHRUTI SHAH	4TH	CHAUDHARY HARCHAN D SINGH ATMARAM ED UCATIONTRUST, QUAD RA INSTITUTE OF AYUR VEDA, NH-58, HARIDWA R ROAD ROORKEE-2476 67, DISTT. HARIDWAR, UTTARAKHAND
293	SPARK/2024/4796/ 531	UTTARAKHAND	RANI GUPTA	2ND	COER MEDICAL COLLE GE OF AYURVEDA AND HOSPITAL, POST BOX N O. -27, 7TH KM, ROOR KEE-HARIDWAR ROAD, V ARDHAMANPURAM, RO ORKEE-247667, UTTAR AKHAND"
294	SPARK/2024/5766/ 1242	UTTARAKHAND	SUDHANSHU GA UTAM	2ND	DOON INSTITUTE OF M EDICAL SCIENCES, (FA CULTY OF AYURVED) VI LLAGE SHANKARPUR, S HAHASPUR, TH. VIKASH NAGAR, DISTT. DEHRA DUN-248197, UTTARAK HAND
295	SPARK/2024/2995/ 838	UTTARAKHAND	TANIYA	1ST	HIMALAYIYA AYURVEDI C (PG) MEDICAL COLLE GE & HOSPITAL, GRAM- FATEHPUR TANDA, POS T-VIA DOIWALA, JEEVA NWALA, DEHRADUN-24 8140, UTTARAKHAND
296	SPARK/2024/5527/ 956	UTTARAKHAND	AKRATI SARASW AT	2ND	PATANJALI BHARTIYA A YURVIGYAN EVAM ANU SANDHAN SANSTHAN, PATANJALI YOGAPEET H, HARIDWAR – 249402, UTTARAKHAND
297	SPARK/2024/4307/ 936	UTTARAKHAND	AMAN AGARWAL	2ND	PATANJALI BHARTIYA A YURVIGYAN EVAM ANU SANDHAN SANSTHAN, PATANJALI YOGAPEET H, HARIDWAR – 249402, UTTARAKHAND
					PATANJALI BHARTIYA A YURVIGYAN EVAM ANU