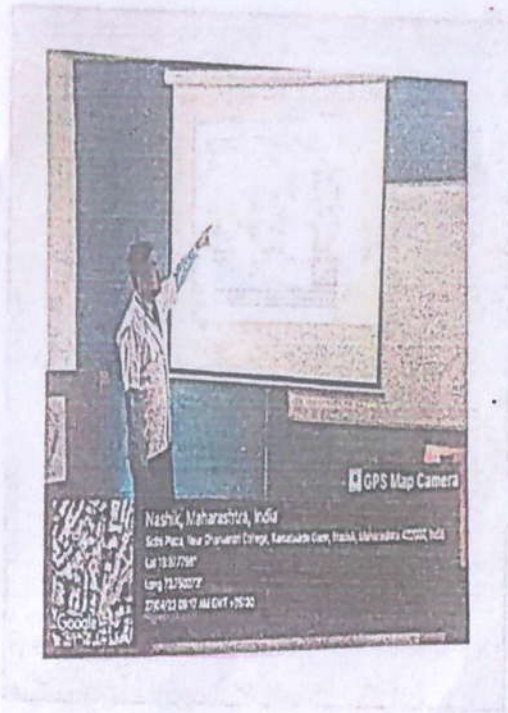
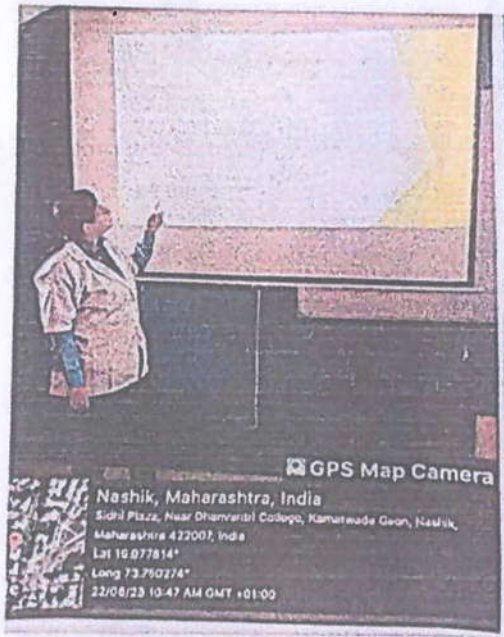


ANALYTICAL



SEMINAR



SEMINAR





CASE PRESENTATION



CASE TAKING






CASE TAKING

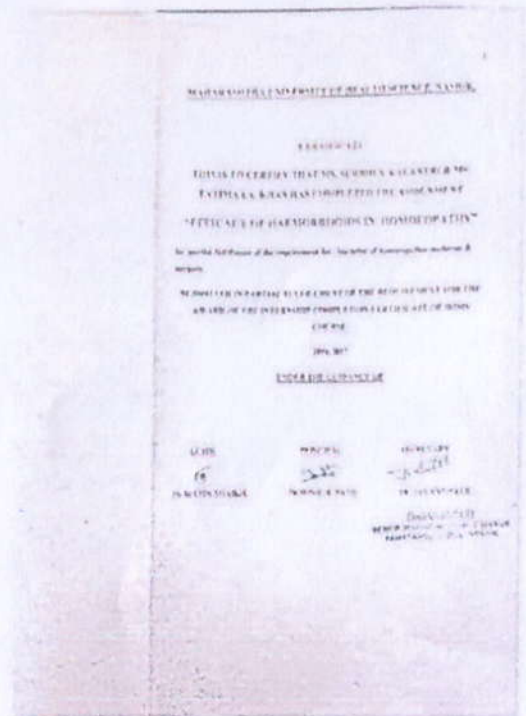
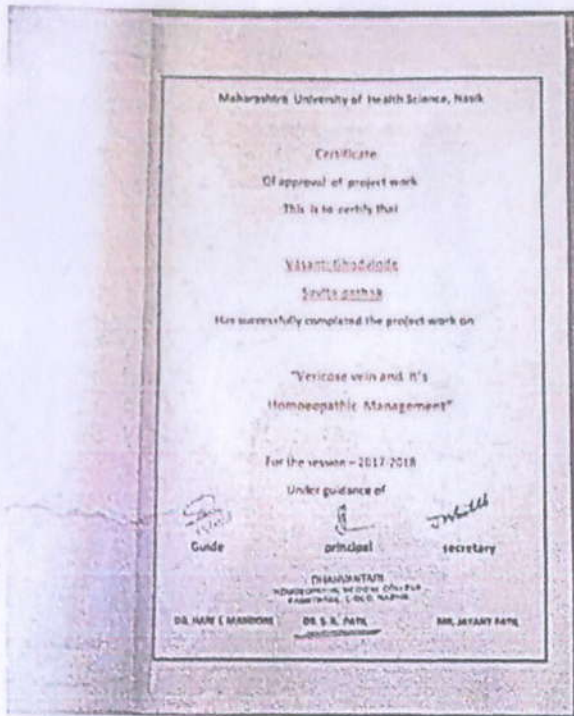


CASE TAKING




PRINCIPAL
Dhanvantari Homoeopathic Medical College
& Hospital & Research Centre,
Nashik

INNOVATION



THESIS



APPLICATION ATTESTATION FORM (AAF) STSH 2023

Name of the Student: SIRSI, ANAY, RAHIMKHAN
 Name of the Guide: DR. MANISHA P. SHINDE
 Name of Medical College: DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, NASHIK
 Title of the STSH Proposal: RESEARCH ON THE EFFECTS OF



Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2023 is true to my knowledge and I am submitting only one application for STSH 2023. 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 understand that after evaluation of my proposal, I may or may not be selected and I shall abide by the decision of CCREH.

If selected, I shall follow all instructions for carrying out the research, preparation and submission of STSH 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 STSH 2023.

Signature of Student: [Signature]

Name of the Student: ANAY SIRSI

Date: 24/08/2023

Certificate to be signed by the Guide

I agree to accept the applicant Ms. MANISHA P. SHINDE studying in PHD IN EVIDENCE. I certify that he/she is not a student and will offer him/her all facilities and guidance for carrying out research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2023 student application. If my student is selected, I shall facilitate early completion of research work in any two given months, so that the report is submitted before the last date.

Signature of Guide: [Signature]
 Designation: HOD & DEPT. H
 Department: HOMOEOPATHIC DEPARTMENT NASHIK

Name: DR. MANISHA P. SHINDE

Attested By

[Signature]
 Signature of Head of Department

DR. MANISHA P. SHINDE
 (Name in Block letters with seal)

H.O.D.
 Department of Materia Medica
 Dhavantari Homoeopathic
 Medical College & Hospital, Nashik



[Signature]
 Signature of Head of Medical College

DR. MANISH PANSRANI IIR
 (Name in Block letters with seal)

PRINCIPAL
 Dhavantari Homoeopathic Medical College
 and Hospital & Research Centre, Nashik

RESEARCH



[Signature]
PRINCIPAL
 Dhavantari Homoeopathic Medical College
 and Hospital & Research Centre,
 Nashik

CREATIVITY



DEBATE COMPETITION

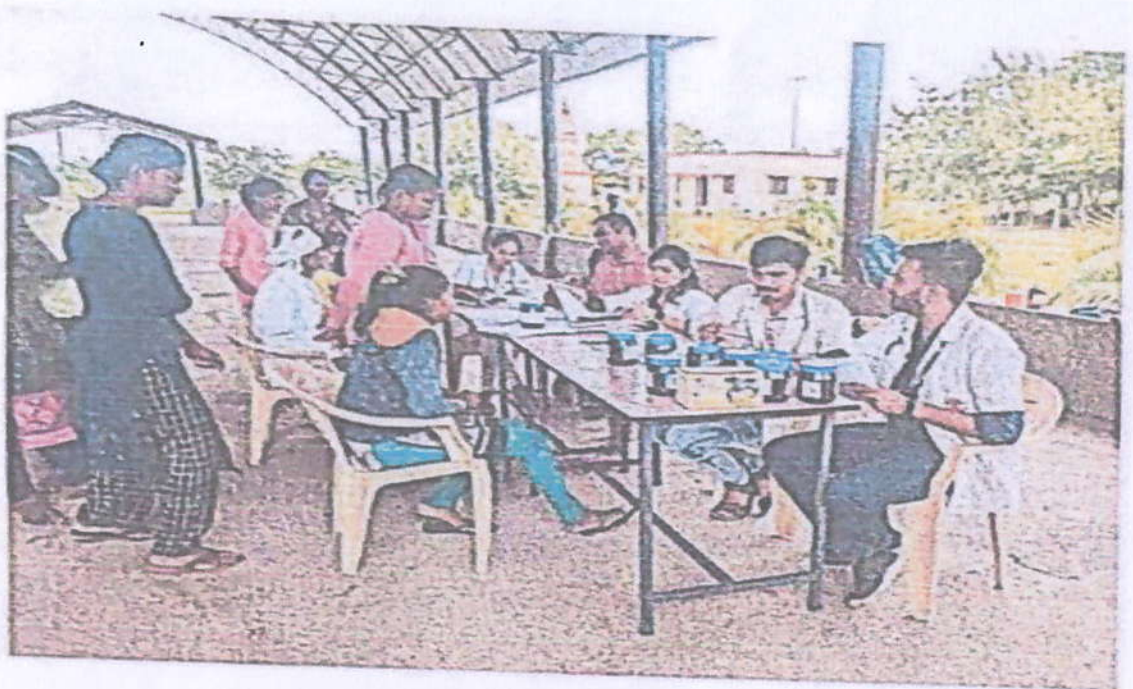


DEBATE COMPETITION





DEBATE COMPETITION



CAMPS





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Maharashtra State Highway 17,
Maharashtra 422202, India
Lat 20.181599°
Long 73.827387°
30/01/23 12:31 PM GMT +05:30

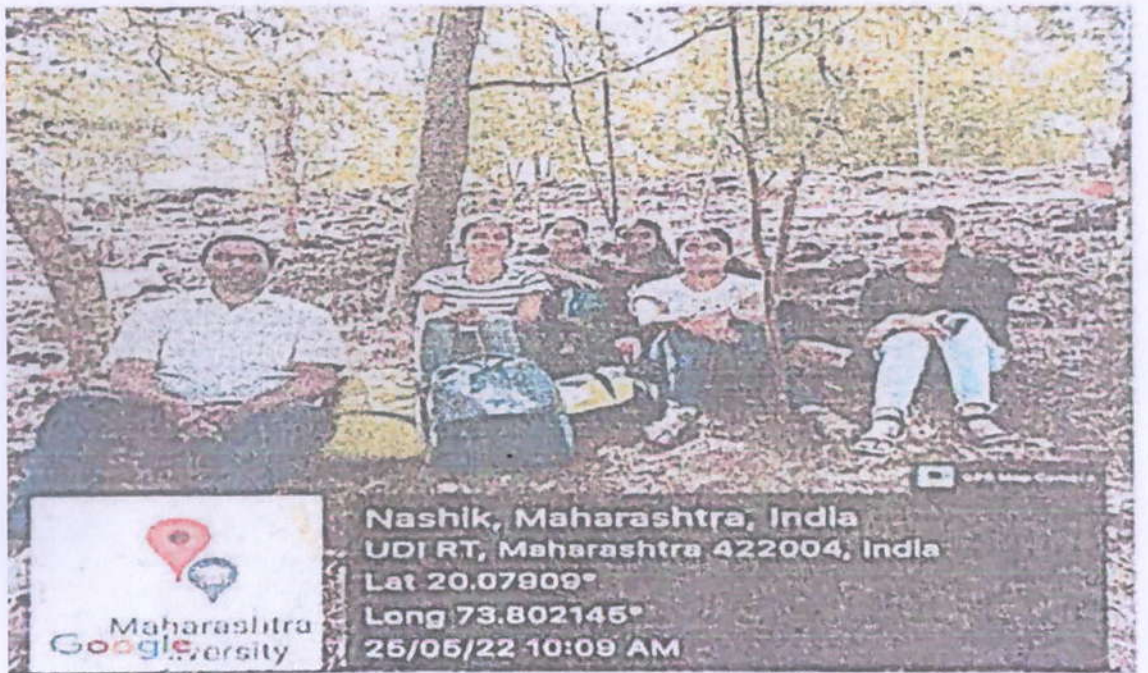
CAMPS



Nashik, Maharashtra, India
UDI RT, Maharashtra 422004, India
Lat 20.078052°
Long 73.80221°
25/05/22 09:04 AM

TREE PLANTATION





TREE PLANTATION



RALLY





RALLY



RALLY





QUIZ COMPITION



CULTURAL DAY





CULTURAL DAY



CULTURAL DAY





CULTURAL EVENT




PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre,
Nashik