

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

SPARK ID: SPARK/2024/4219/824
 Name of the Student: MD. WALIULLAH
 Name of the Guide: Dr. SAROJANI KUCHANUR
 Name of Ayurveda College/ Institute: G.S. AYURVEDA MEDICAL COLLEGE & HOSPITAL
 Title of the SPARK Proposal: DEVELOPMENT OF ELECTRONIC SITZ STEAM BATH EQUIPMENT



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: MD. WALIULLAH Name of the Student: MD. WALIULLAH
 Date: 14-11-24

Certificate to be signed by the Guide

I agree to accept the applicant Mr. /Ms. MD. WALIULLAH 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: Dr. SAROJANI KUCHANUR

Name: Dr. SAROJANI KUCHANUR
 Designation: ASSOCIATE PROFESSOR
 Department: SHALYA TANTRA

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.

Signature of Head of Department

Attested By

Signature of Head of Ayurveda College/Institute

DR. PAVNEEN GOYAL
 (Name in Block letters with seal)

Date: 14/11/2024 G.S. Ayurveda Medical College & Hospital
 Pilkhuna, Dist. Hapur (U.P.)

MD

Shalyatantra

BHAVNA SINGH

(Name in Block letters with seal)

Date: 14.11.2024

Fill form completely & check it before submission.

Principal

G.S. Ayurveda Medical College & Hospital
 Pilkhuna, Dist. Hapur (U.P.)

LIST OF SELECTED STUDENTS FOR CCRAS SPARK-03 (2024-25 Session)

SL. NO.	SPARK ID	STATE	NAME OF THE STUDENT	YEAR	COLLEGE NAME
1	SPARK/2024/4035/833	ANDHRA PRADESH	MADDILA NANDITHASREE	2ND	DR. NR SHAstry GOVT. AYURVEDIC COLLEGE, M.G. ROAD, VIJAYAWADA-520002, URBAN MANDAL, KRISHNA DISTRICT, ANDHRA PRADESH
2	SPARK/2024/3675/102	CHHATTISGARH	RICHA PANDEY	4TH	MAHAVEER COLLEGE OF AYURVEDIC SCIENCE, VILL-SUNDRA, G.E. ROAD, RAJNANDGAON-491441, CHHATTISGARH
3	SPARK/2024/4121/543	CHHATTISGARH	MURLIMANOHAR YADAV	2ND	RAJIV LOCHAN AYURVED MEDICAL COLLEGE, VILLAGE & POST-CHANDKHURI GUNDERDEHI ROAD, DISTT. DURG- 491221, CHHATTISGARH
4	SPARK/2024/3427/463	CHHATTISGARH	DEEPALI VERMA	4TH	RAJIV LOCHAN AYURVED MEDICAL COLLEGE, VILLAGE & POST-CHANDKHURI GUNDERDEHI ROAD, DISTT. DURG- 491221, CHHATTISGARH
5	SPARK/2024/5183/629	CHHATTISGARH	SATYA PRAKASH GUPTA	2ND	SHRI NARAYAN PRASAD AWASTHI GOVERNMENT AYURVEDIC COLLEGE, G.E. ROAD, RAIPUR- 492001, CHHATTISGARH
6	SPARK/2024/5327/1095	GOA	DHEERAJ KASAUDHAN	1ST	ALL INDIA INSTITUTE OF AYURVEDA, NORTH GOA, DHARGAL, PERNEM, GOA
7	SPARK/2024/4691/497	GUJARAT	HEMANGIBEN NENA	2ND	BACHUBHAI GOVINDBHAI GARAIYA AYURVED COLLEGE, VILL. KALIPAT, BHAVNAGAR HIGHWAY, BEHIND ASHAPUR HOTEL, DISTT. RAJKOT-360020, GUJARAT
8	SPARK/2024/5678/1071	GUJARAT	PATEL VIDHIKUMARI D.	2ND	EVA COLLEGE OF AYURVED, ZANZMER ROAD, AT. SUPEDI, DISTT. RAJKOT-360440, GUJARAT
9	SPARK/2024/5590/933	GUJARAT	JETHVA PINAL A.	4TH	EVA COLLEGE OF AYURVED, ZANZMER ROAD, AT. SUPEDI, DISTT. RAJKOT-360440, GUJARAT
10	SPARK/2024/5222/1630	GUJARAT	CHAUHAN MOHINIBA	4TH	GLOBAL INSTITUTE OF AYURVEDA, RAJKOT- BHAVNAGAR HIGHWAY, NR. GADHAKA PATIYU, DISTT. & TAL. RAJKOT. VILL. TRAMBA, GUJARAT- 360020

LIST OF SELECTED STUDENTS FOR CCRAS SPARK-03 (2024-25 Session)

SL. NO.	SPARK ID	STATE	NAME OF THE STUDENT	YEAR	COLLEGE NAME
260	SPARK/2024/4316/448	UTTAR PRADESH	RAHUL SHARMA	2ND	BABU YUGRAJ SINGH AYURVEDIC MEDICAL COLLEGE & HOSPITAL, BAGHAMAU, GOMATI NAGAR EXT., SECTOR-6, LUCKNOW, UTTAR PRADESH-226010
261	SPARK/2024/3523/434	UTTAR PRADESH	DEEPAK ANAND	2ND	BABU YUGRAJ SINGH AYURVEDIC MEDICAL COLLEGE & HOSPITAL, BAGHAMAU, GOMATI NAGAR EXT., SECTOR-6, LUCKNOW, UTTAR PRADESH-226010
262	SPARK/2024/3922/1664	UTTAR PRADESH	ASHISH PAL	2ND	FACULTY OF AYURVEDA INSTITUTE OF MEDICAL SCIENCES, BANARAS HINDU UNIVERSITY, DISTT. VARANASI- 221005, UTTAR PRADESH
263	SPARK/2024/4618/413	UTTAR PRADESH	SAUMYA TRIPATHI	2ND	FACULTY OF AYURVEDA INSTITUTE OF MEDICAL SCIENCES, BANARAS HINDU UNIVERSITY, DISTT. VARANASI- 221005, UTTAR PRADESH
264	SPARK/2024/4219/824	UTTAR PRADESH	MD WALIULLAH	4TH	G.S. AYURVEDA MEDICAL COLLEGE & HOSPITAL, VILLAGE- PEEPLABANDPUR, NEAR RAILWAY STATION, PILKUWA, DISTT. HAPUR- 245304, UTTAR PRADESH
265	SPARK/2024/3887/710	UTTAR PRADESH	UTKARASH BAJPAI	2ND	GANGASHEEL AYURVEDIC MEDICAL COLLEGE & HOSPITAL, MANPURIA JANKI PRASAD, KAMUA, BILASPUR ROAD, BAREILLY-243123, UTTAR PRADESH
266	SPARK/2024/3555/719	UTTAR PRADESH	KHYATI RATHORE	4TH	GANGASHEEL AYURVEDIC MEDICAL COLLEGE & HOSPITAL, MANPURIA JANKI PRASAD, KAMUA, BILASPUR ROAD, BAREILLY-243123, UTTAR PRADESH



GS AYURVEDA MEDICAL COLLEGE & HOSPITAL

NH-9, VILLAGE PEEPLABANDPUR, PILKHUWA, DISTT. - HAPUR (U.P.) - 245304

E-mail : hr.gsamedicalcollege@gmail.com, gsmedicalcollege@gmail.com, Website : www.gsayurvedamedicalcollege.com

Contact No.: 7055514585, 7055514587, Fax No.: 0122-2327499,

(Approved by NCISM & Ministry of AYUSH, New Delhi)

(Affiliated to CCS University, Meerut & Mahayogi Guru Gorakhnath AYUSH University, Gorakhpur, Uttar Pradesh)

REF No.GSAMC&H/PO/ 2025/077

Date: 17.01.2025

To

The Director General,
Central Council for Research in Ayurveda Sciences (CCRAS),
Ministry of AYUSH, Government of India,
61-65, opp. 'D' Block, Institutional Area,
Janakpuri, New Delhi - 110058

Subject: Acceptance Letter-cum-Undertaking for Participation in SPARK-03 (2024-25) of Mr. Md Waliullah (SPARK ID : SPARK/2024/4219/824) of IV Year – reg.

Reference: List of selected students of SPARK 03 (2024-25 Session) vide File No.HQ-EDC02/1/2024-EDC, dated 15/01/2025

Sir/Madam,

I, Md Waliullah hereby express my willingness to take part in SPARK-03 (2024-25 Session) under the guidance of –

Name of the Guide : Dr. Sarojani Kuchanur

Designation : Associate Professor

Department : Shalyatantra

In the proposal titled : "Development of Electronic Sitz Steam Batch Equipment".

I undertake that the Research Work will be completed by 30th April, 2025 and the Final report shall be submitted timely as per the timeline mentioned on the SPARK Portal i.e. by 31st May, 2025, positively and no request for an extension of the deadline for submission will be made in any means, failing which my SPARK Award for 2024-25 Session will be deemed rejected.

Signature of Student : refugee

Name of Student : Md Waliullah

Email ID of the Student: mdwali6190@gmail.com

Mobile No. of the Student: 9461752182

Signature of Guide : 802 20/01/25

Name of Guide : Dr. Sarojani Kuchanur

Email ID of Guide : sarojanish@gmail.com

Mobile No. of Guide : 7011940769

// 2 //

Attested by


Prof. (Dr.) Bhavna Singh
Principal
GS Ayurveda Medical College & Hospital
Pilkhuwa, Dist. Hapur (U.P.)

Email ID of the College/Institute : hr.gsamedicalcollege@gmail.com

Phone/Mobile No. of the College/Institute : 7055514587

College/Institute Address for Correspondence : NH-09, Near Railway Station Pilkhuwa
Dist.- Hapur, Uttar Pradesh-245304

Pin Code : 245304

State/UT : Uttar Pradesh

Enclosure: Duly filled in Proforma for Bank Accounts details of the College/Institute along with a scanned copy of cancelled cheque.



GS AYURVEDA MEDICAL COLLEGE & HOSPITAL

NH-9, VILLAGE PEEPLABANDPUR, PILKUWA, DISTT. - HAPUR (U.P.) - 245304

E-mail : hr.gsamedicalcollege@gmail.com, gsmedicalcollege@gmail.com, Website : www.gsayurvedamedicalcollege.com

Contact No.: 7055514585, 7055514587, Fax No.: 0122-2327499,

(Approved by NCISM & Ministry of AYUSH, New Delhi)

(Affiliated to CCS University, Meerut & Mahayogi Guru Gorakhnath AYUSH University, Gorakhpur, Uttar Pradesh)

REF No.GSAMC&H/IEC/2025/216

Date: 07-02-2025

To,

Md. Waliullah

B.A.M.S. Student Batch (2020-21)

SPARK/2024/4219/824

GS Ayurveda Medical College and Hospital Pilkhuwa, Hapur (U.P.)-245304

Dear Md. Waliullah,

I am writing to inform you that your research project titled "Development of Electronic Sitz Steam Bath Equipment" (submitted by the study group) has been thoroughly reviewed by the Institutional Ethical Committee (IEC) of GS Ayurveda Medical College & Hospital Pilkhuwa, Hapur.

After careful evaluation of your research proposal, including its ethical considerations, research design, and compliance with established ethical guidelines, I am pleased to inform you that your project has been granted approval to proceed further.

Your commitment to maintain the highest ethical standards in your research is commendable, and we are confident that your work will contribute significantly to the field.

Please note that:

1. You are expected to strictly adhere to the research ethical guidelines outlined in our institution's ethical framework throughout the duration of your project..If there are any amendments or changes to your research protocol/ICF/CRF you must seek approval from the IEC before implementation.
2. Inform EC immediately in case of any Adverse Events and serious adverse Events.
3. Monthly report to be submitted to EC.

We wish you success in your research endeavor and trust that your work will contribute to the advancement of knowledge in field of Ayurveda while upholding the principles of research ethics.

Once again, congratulations on obtaining approval for your project, and we look forward to witnessing the positive impact of your research.



Clinical Trials Registry - India (ICMR-NIMS)

Welcome: Md Waliullah [GS Ayurveda Medical College and Hospital Pilkhuna Hapur Uttar pradesh]

26/05/2025

[Main Page](#) | [Change Password](#) | [Website Home Page](#) | [Logout](#)

[Trial Clarification/Modification](#) [Registered Trials](#)

Trial Clarification/Modification

Submission Date	Reference No.	CTRI No.	SENT BACK ON	Type of Trial	DCGI Clearance	EC Clearance	Clarification	Details
09/03/2025	REF/2025/03/101325	CTRI/2025/05/086812	13/05/2025	Interventional	Not Applicable	Approved	Click	Click to View Details