MNR Homoeopathic Medical College and Hospital

Monthly Report

September 2024

Co-Curricular Activities

Activity 1: **NEXUS WEBINAR** Date: **04/09/2024**

No. of Students Participated : **300**

No. of Faculty Participated : **45 + 50 Colleges**

Topic : Homoeopathic approach in managing incurable, complex and ICU cases: with Homoeopathy alone or integration with conventional medicine

Resource Person Details : **Dr Jaswant D Patil (Member of advisory board CCRH)**

MNR Homoeopathic Medical College and Hospital

Co-Curricular Activities

Activity 2 : **RISE WEBINAR** Date: 25**/09/2024**

No. of Students Participated : **114**
No. of Faculty Participated : **5**
Topic : **RCT studies**
Resource Person Details : **Dr Varanasi Roja, Research officer / Scientist-III**

MNR Homoeopathic Medical College and Hospital

Co-Curricular Activities

Activity 3 : Awareness Program on Pharmacovigilance of ASU & H DRUGS

Date: **28/09/2024**

No. of Students Participated : **130**

No. of Faculty Participated : **20**

Topic : Pharmacovigilence and its role in ASU&H drugs

Resource Person Details : 1) **Dr Javed Inam Siddique,coordinator NRIUMSD**

2) Dr Syeda Fathima JRF PPVC Hyderabad

Extra - Curricular Activities

Activity 1 : Teachers Day Celebration Date: **05/09/2024**

No. of Students Participated : **100**

No. of Faculty Participated : 35

Topic : Teachers day

MNR Homoeopathic Medical College and Hospital

Extra - Curricular Activities

Activity 2 : ONAM celebration Date: **13/09/2024**

No. of Students Participated : **Pg students**

No. of Faculty Participated : 25

Topic : Onam

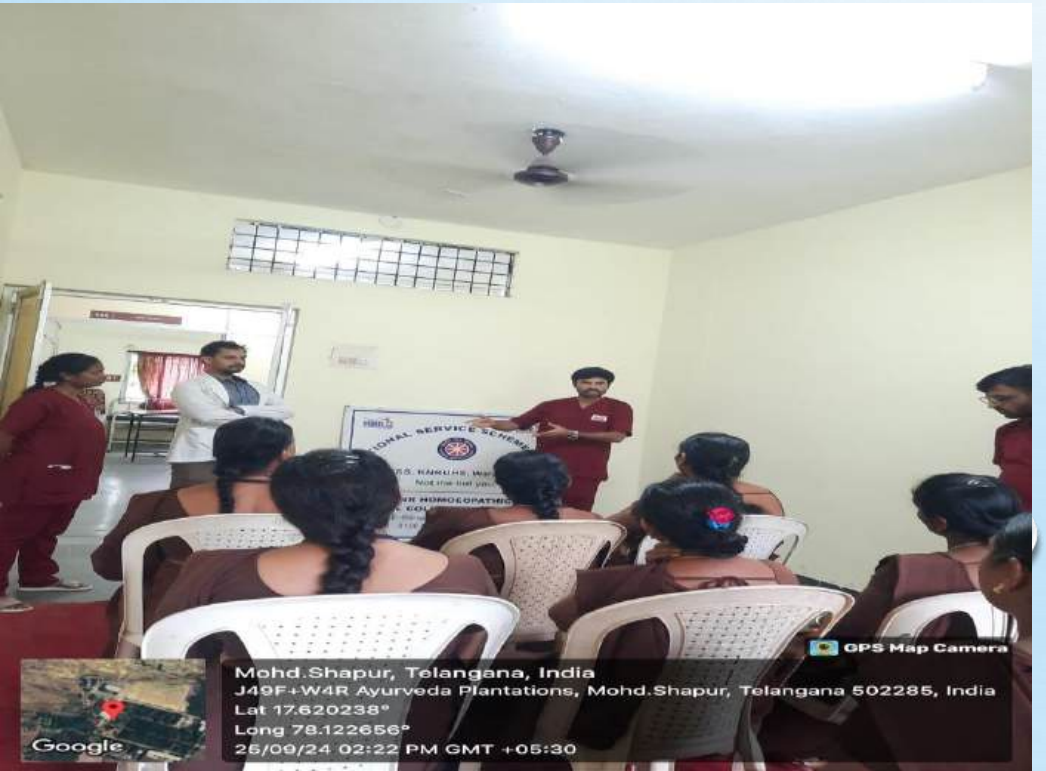
Extra - Curricular Activities

Activity 3 : Swachhata Hi Seva Campaign Date: **24/09/2024**

No. of Students Participated :Final year students **and interns**

No. of Faculty Participated : 10

Topic :1.Swatchhata Pledge; 2. Mass scale clean;
3. Tree plantation 4. Human chain for Swachhata awareness
5. Safai Mithra Swachhata Shivir 6. Trash to art



MNR Homoeopathic Medical College and Hospital

Extra - Curricular Activities

Activity 3 : Swachhata Hi Seva Campaign Date: **24/09/2024**

MNR Homoeopathic Medical College and Hospital

Extra - Curricular Activities

Activity 4 : NSS DAY Celebration
Date : **25/09/2024**
No. of Students Participated : **Interns**
No. of Faculty Participated : 10
Topic : Plastic usage awareness & Medical check-ups
to Cleaning workers

Higher Studies / Entrance Exam

Activity 1 : **Pg Orientation** Date: **September 2024**

No. of Students Participated: **60**

No. of Faculty Participated : **All Faculties**

Topic : **All Subjects**

Resource Person Details : **All Faculties**

MNR Homoeopathic Medical College and Hospital

MOTIVATIONAL CLASS

Activity : Motivational class- Homoeopathy Date :30 **/09/24**

No. of Students Participated : 50

No. of Faculty Participated : 1

Topic : Motivational talk

Resource Person Details : Dr P Venkateshwar Rao

MNR Homoeopathic Medical College and Hospital

CAREER GUIDANCE

Activity : Career guidance class- Homoeopathy
Date : 19/**09/24**
No. of Students Participated : 50
No. of Faculty Participated : 1
Topic : Empowering the future: Your journey beyond graduation

Resource Person Details : Dr G Sridhar

Research Publications

Indexed National - 0

International -

SNO	NAME OF AUTHOR	NAME OF JOURNAL
1		
2		

MNR Homoeopathic Medical College and Hospital

Free Medical Camps and Peripherals

Free Medical Camps and Peripherals

MNR Homoeopathic Medical College and Hospital

FELICITATION

Activity : Felicitation by GHF & Suwarna trust

Faculty : Prof Dr Manilal S

Date : 06/09/2024

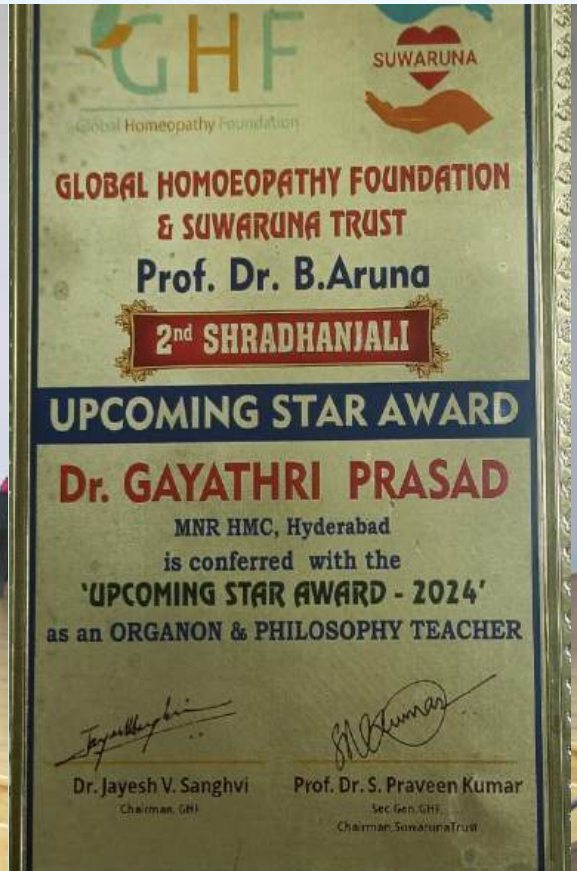
MNR Homoeopathic Medical College and Hospital

FELICITATION

Activity : Receiving the emerging organon faculty award by GHF & Suwarna trust

Faculty : Prof Dr Gayatri Prasad

Date : 06/09/2024



UNIVERSITY RESULTS PUBLISHED -3RD YEAR REGULAR BATCH

SUBJECT	PASS PERCENTAGE
Organon of medicine	94%
Materia medica	97%
Obstetrics and gynaecology	98%
Surgery	91%

UNIVERSITY RESULTS PUBLISHED -3RD YEAR SUPPLEMENTARY BATCH

SUBJECT	PASS PERCENTAGE
Organon of medicine	100%
Materia medica	100%
Obstetrics and gynaecology	100%
Surgery	73%

MNR Homoeopathic Medical College and Hospital

CCRH (STSH) FIINAL RESEARCH PROPOSAL SUBMITTED

S.No	NAME OF THE STUDENT	REGISTRATION ID	NAME OF THE GUIDE	TITLE
1	ARVIND REDDY LATCHAGARI	STSH230597	Prof DR. S. MANILAL	A study to assess the effectiveness of kali sulphuricum in controlling the fusarium oxysporum (wilt disease) in coriandrum sativum plant through organic farming
2	P.SAI VARSHA	STSH230832	DR. A. AJINAS	An experimental study in enhancing luffa acutangula yeild through kalium nitricum 6c.
3	AAMUKTHA	STSH230015	DR SRIDHAR CHINTALA	The impact of different potencies of kalium phosphoricum on the growth of daucus carota
4	K. NIHARIKA	STSH230596	DR. SARITHA	An experimental study to know the efficacy of sarracenia purpurea for osteoarthritis following lifestyle management as an adjuvant in improving quality of life.
5	OWAIS	STSH230824	DR. A. SRIHARITHA	A randomized controlled study to assess the effectiveness of crocus sativus in managing ‘asthenopia’ among tech hub employees in urban region of sangareddy district through asthenopia symptom scale.
6	R. AMULYA	STSH231042	DR. ANJALI WAWARE	To evaluate the effect of lactic acid 30ch in chili mosaic virus in capsicum annum

MNR Homoeopathic Medical College and Hospital

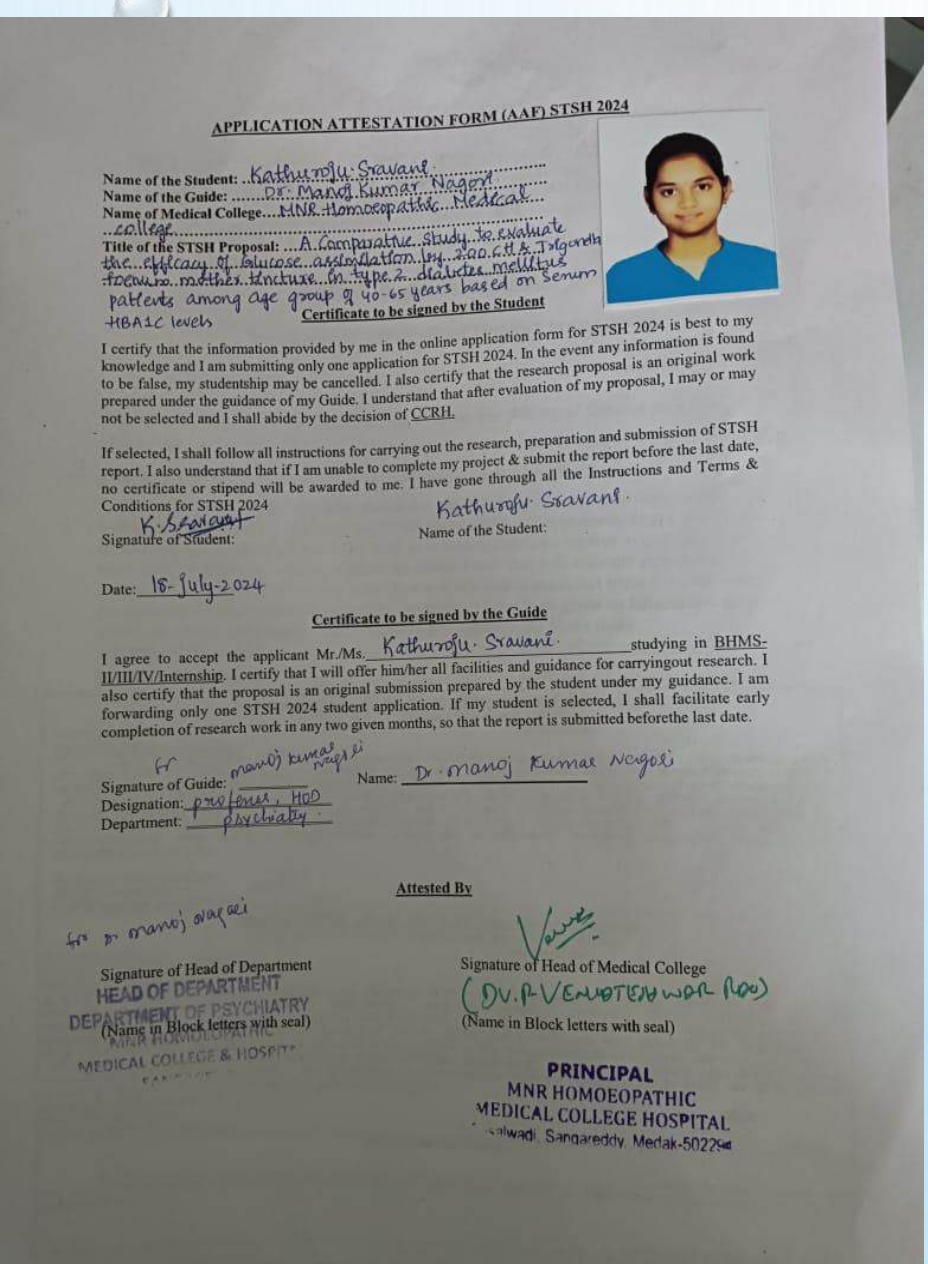
CCRH (STSH) FIINAL RESEARCH PROPOSAL SUBMITTED

S.No	NAME OF THE STUDENT	REGISTRATION ID	NAME OF THE GUIDE	TITLE
7	K. SRILATHA	STSH230591	DR. CH LILY ANAL	A clinical studytoevaluate the efficacy of aegle marmelos in the treatment of dermatophytosis
8	T. UDAYASREE	STSH231307	DR. SILVIA SUNDERRAJ	A clinical study to evaluate the effectiveness of chenopodi glauci aphis in the treatment of dentin hypersensitivity in comparison with desensitizing toothpaste.
9	S. SAGARIKA	STSH231057	DR. P. CHANDRASHEKAR	A single blinded randomized placebo controlled experimental study to evaluate the efficacy of copaiva officinalis 30c in the treatment of melasma
10	M.BHUVAN	STSH230624	DR. B. JANARDHAN MURTYHY	An experimental study to evaluate the efficacy of secale cor in various potencies in treating fusarium oxysporum in momordica charantia
11	ABDUL MOHMEEN	STSH230728	DR. K. SYED ABID	An experimental study to assess the effectiveness of homoeopathic medicine coccus cacti in extermination of mealy bugs (maconellicoccus hirsutus) in hibiscus (rosa sinensis)

CCRH (STSH) FIINAL RESEARCH PROPOSAL SUBMITTED

S.No	NAME OF THE STUDENT	REGISTRATION ID	NAME OF THE GUIDE	TITLE
12	P. SHIVA TEJA	STSH230861	DR. P. PAVITHRAN PERUMALLA	An experimental study to establish the role of salicylicum acidum 30 ch in controlling anthracnose fungal infections in phaseolus vulgaris.
13	M.GREESHMA	STSH230678	DR. A. SANTHOSHI REDDY	To study the efficacy of magnesium sulph 30 ch in anti – fungal activity of abelmoschus esculentus (okra)
14	D.SOUMYA	STSH230327	DR. A. MADAN MOHAN REDDY	To study the effectiveness of sulphur in different potencies as a fungicide on leaf blight of sesamum indicum.
15	K. HARSHITHA	STSH230508	DR. T. VIJAY KUMAR	An invitro study to elicit the anti-inflammatory action of mother tincture, 3x, 12x and 6c potencies of aconitum napellus and rhus toxicodendron by the human red blood cell (hrbc) membrane stabilization assay

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: Kathuroju Sravani
Name of the Guide: Dr. Manoj Kumar Nagori
Name of Medical College... MNR Homoeopathic Medical College
Title of the STSH Proposal: ... A Comparative study to evaluate the efficacy of glucose assimilation by 200 CH & Trigonella foenum mother tincture in type 2 diabetes mellitus patients among age group of 40-65 years based on serum HBA1C levels

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: K. Sravani Name of the Student: Kathuroju Sravani

Date: 18-July-2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. Kathuroju Sravani studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: fr manoj kumar nagori Name: Dr. manoj kumar nagori
Designation: professor, HOD
Department: psychiatry

Attested By

fr dr manoj nagori

Signature of Head of Department
HEAD OF DEPARTMENT
DEPARTMENT OF PSYCHIATRY
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
(Name in Block letters with seal)

Signature of Head of Medical College
(DR. P. VENKATESWAR RAO)
(Name in Block letters with seal)

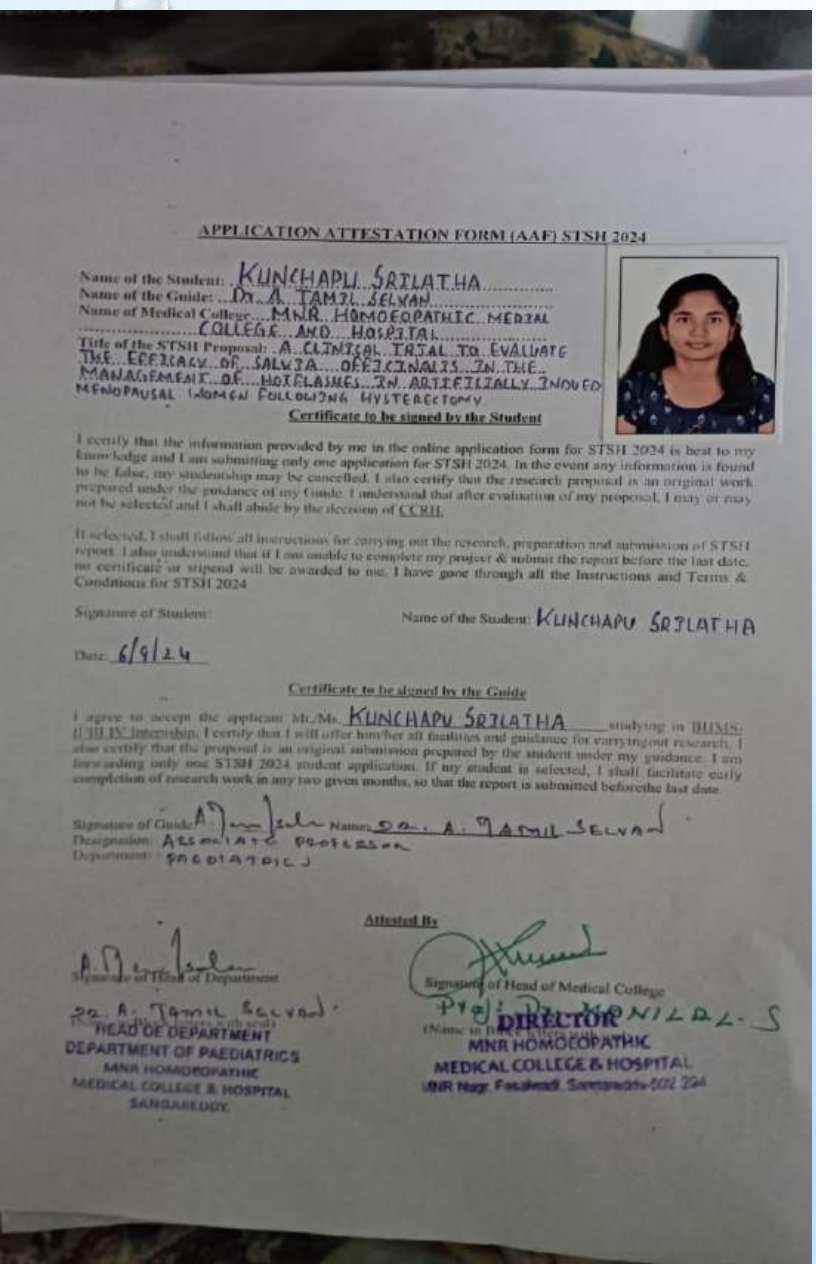
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Kalwadi, Sangareddy, Medak-502294

1.TITLE :A comparative study to evaluate the efficacy of glucose assimilation by 200 CH and Trigonella foenum mother tincture in Type 2 Diabetes Mellitus patients among age group of 40 to 65 years based on serum HbA1C levels

GUIDE : Dr. Manoj kumar Nagori

STUDENT : Kathuroju Sravani

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: KUNCHAPU SRILATHA
Name of the Guide: Dr. A. TAMIL SELVAN
Name of Medical College: MNR HOMOEOPATHIC MEDIAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A CLINICAL TRIAL TO EVALUATE THE EFFICACY OF SALVIA OFFICINALIS IN THE MANAGEMENT OF HOTFLASHES IN ARTIFICIALLY INDUCED MENOPAUSAL WOMEN FOLLOWING HYSTERECTOMY

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Name of the Student: KUNCHAPU SRILATHA

Date: 6/9/24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. KUNCHAPU SRILATHA studying in BHMS-II/III/IV/ Internship. I certify that I 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 2024 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 beforethe last date.

Signature of Guide: Name: Dr. A. TAMIL SELVAN
Designation: ASSOCIATE PROFESSOR
Department: PAEDIATRICS

Attested By

Signature of Head of Department
Dr. A. Tamil Selvan
HEAD OF DEPARTMENT
DEPARTMENT OF PAEDIATRICS
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
SANGAREDDY

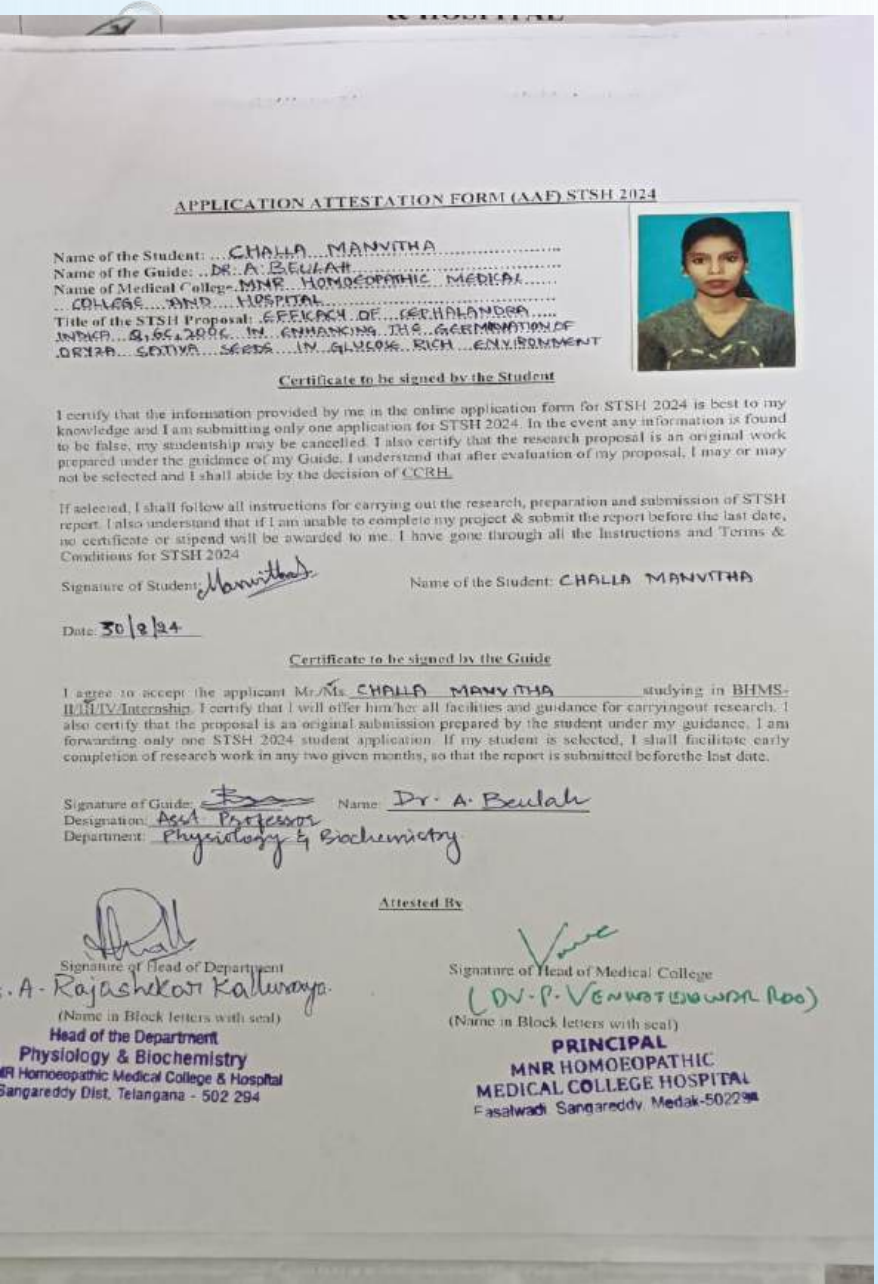
Signature of Head of Medical College
DIRECTOR
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL

2. TITLE :A clinical trial to evaluate the efficacy of Salvia officinalis in the management of hot flushes in artificially induced menopausal women following hystrectomy

GUIDE : Dr. Tamil Selvan

STUDENT : Kunchapali Srilatha

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: CHALLA MANVITHA
Name of the Guide: DR. A. BEULAH
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: EFFICACY OF CEPHALANDRA INDICA & 6C & 200C IN ENHANCING THE GERMINATION OF ORYZA SATIVA SEEDS IN GLUCOSE RICH ENVIRONMENT

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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Signature of Student: Manvitha Name of the Student: CHALLA MANVITHA

Date: 30/8/24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. CHALLA MANVITHA studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. A. Beulah
Designation: Asst. Professor
Department: Physiology & Biochemistry

Attested By

Signature of Head of Department
Dr. A. Rajashekar Kalluraya
(Name in Block letters with seal)
Head of the Department
Physiology & Biochemistry
MNR Homoeopathic Medical College & Hospital
Sangareddy Dist. Telangana - 502 294

Signature of Head of Medical College
(DR. P. VENKATESWARLU)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Fasalwadi Sangareddy Medak-502294

3. TITLE : Efficacy of Cephalandra indica tincture, 6C, 200C in enhancing the germination of oriza sativa seeds glucose rich environment.

GUIDE : Dr. A Beulah

STUDENT : Challa Manvitha

RESEARCH PROPOSALS TO CCRH(STSH)

APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: N. PRANITHA
Name of the Guide: DR. G. RATHNA KUMARI
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

Title of the STSH Proposal: AN EXPERIMENTAL STUDY ON THE EFFECTIVENESS OF GOSSYPIUM HERBACEUM 30C IN THE TREATMENT OF PEARL MILLET INFECTED WITH ERGOT CAUSED BY CLAVICEPS PURPUREA'

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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Signature of Student: Name of the Student: N. Pranitha

Date: 31/08/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. N. Pranitha studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. G. RATHNA KUMARI
Designation: PROFESSOR
Department: Homoeopathic Pharmacy

Attested By

Signature of Head of Department
Dr. G. RATHNA KUMARI
(Name in Block letters with seal)
Head of the Department
Homoeopathic Pharmacy
MNR Homoeopathic Medical College & Hospital
Sangareddy Dist. Telangana - 502 294

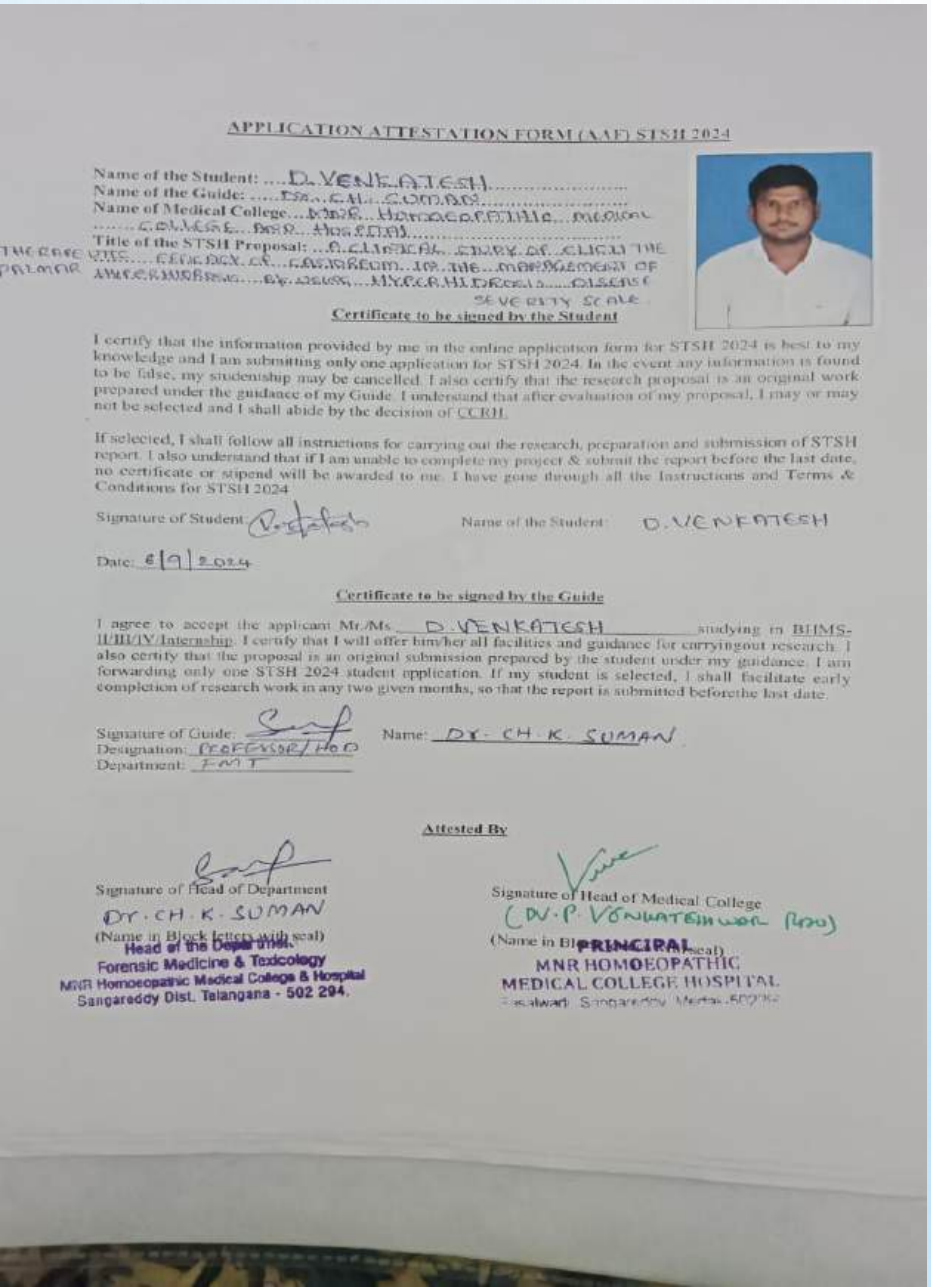
Signature of Head of Medical College
(DR. P. VENKATESWARA RAO)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Fasalwadi, Sangareddy, Medak-502294

4. TITLE : An Experimental study on the effectiveness of Gossypium herbaceum 30C in the treatment of pearlmillet infected with ergot caused by claviceps purpurea

GUIDE : Dr. G Ratna kumari

STUDENT : N Pranitha

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: ....D.VENKATESH.....
Name of the Guide: .....DR. CH. SUMAN.....
Name of Medical College....MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL.....
Title of the STSH Proposal: ...A CLINICAL STUDY OF ELICIT THE THERAPEUTIC EFFICACY OF CASTOREUM IN THE MANAGEMENT OF PALMAR HYPERHYDROSIS BY USING HYPEHYDROSIS DISEASE SEVERITY SCALE

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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Signature of Student: Name of the Student: D.VENKATESH

Date: 6/9/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. D.VENKATESH studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: DR. CH. K. SUMAN
Designation: PROFESSOR/HOD
Department: FMT

Attested By

Signature of Head of Department
DR. CH. K. SUMAN
(Name in Block letters with seal)
Head of the Department
Forensic Medicine & Toxicology
MNR Homoeopathic Medical College & Hospital
Sangareddy Dist. Telangana - 502 294.

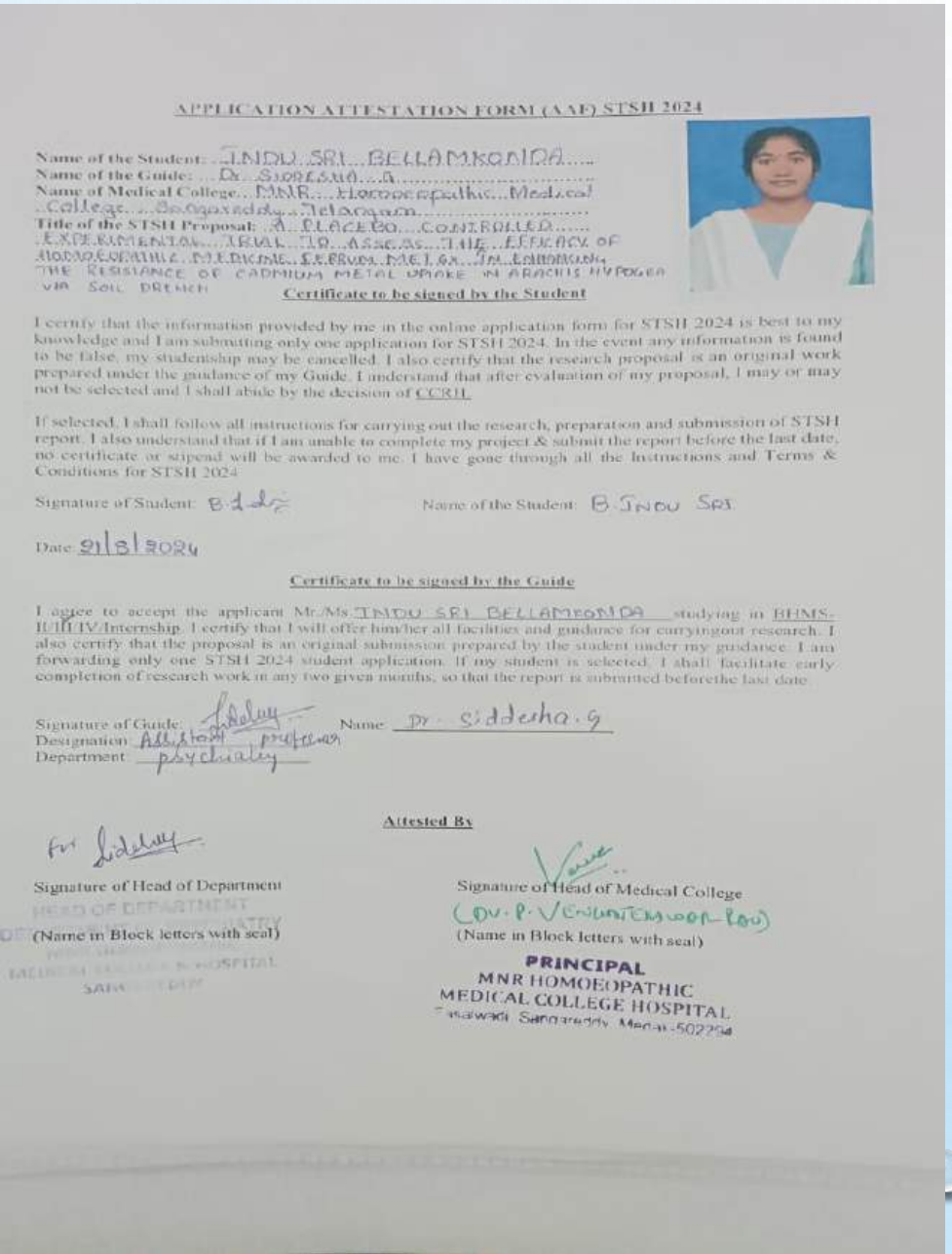
Signature of Head of Medical College
(DR. P. VENKATESHWAR RAO)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Fasalwadi, Sangareddy, Medak-502294

5. TITLE : A clinical study of elicit the therapeutic efficacy of Castoreum in the management of palmar hyperhydrosis by using Hypehydrosis disease severity scale

GUIDE : Dr. CH Suman

STUDENT : D Venkatesh

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: INDU SRI BELLAMKONDA
Name of the Guide: Dr. SIDDESHA. G
Name of Medical College: MNR Homoeopathic Medical College, Sangareddy, Telangana
Title of the STSH Proposal: A PLACEBO CONTROLLED EXPERIMENTAL TRIAL TO ASSESS THE EFFICACY OF HOMOEOPATHIC MEDICINE FERRUM MET 6X IN ENHANCING THE RESISTANCE OF CADMIUM METAL UPTAKE IN ARACHIS HYPOGEA VIA SOIL DRENCH

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024.

Signature of Student: B. Indu Sri Name of the Student: B. INDU SRI

Date: 21/8/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. INDU SRI BELLAMKONDA studying in BHMS-I/II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Siddesha Name: Dr. Siddesha. G
Designation: Assistant professor
Department: psychiatry

Attested By

for Siddesha

Signature of Head of Department
(Name in Block letters with seal)

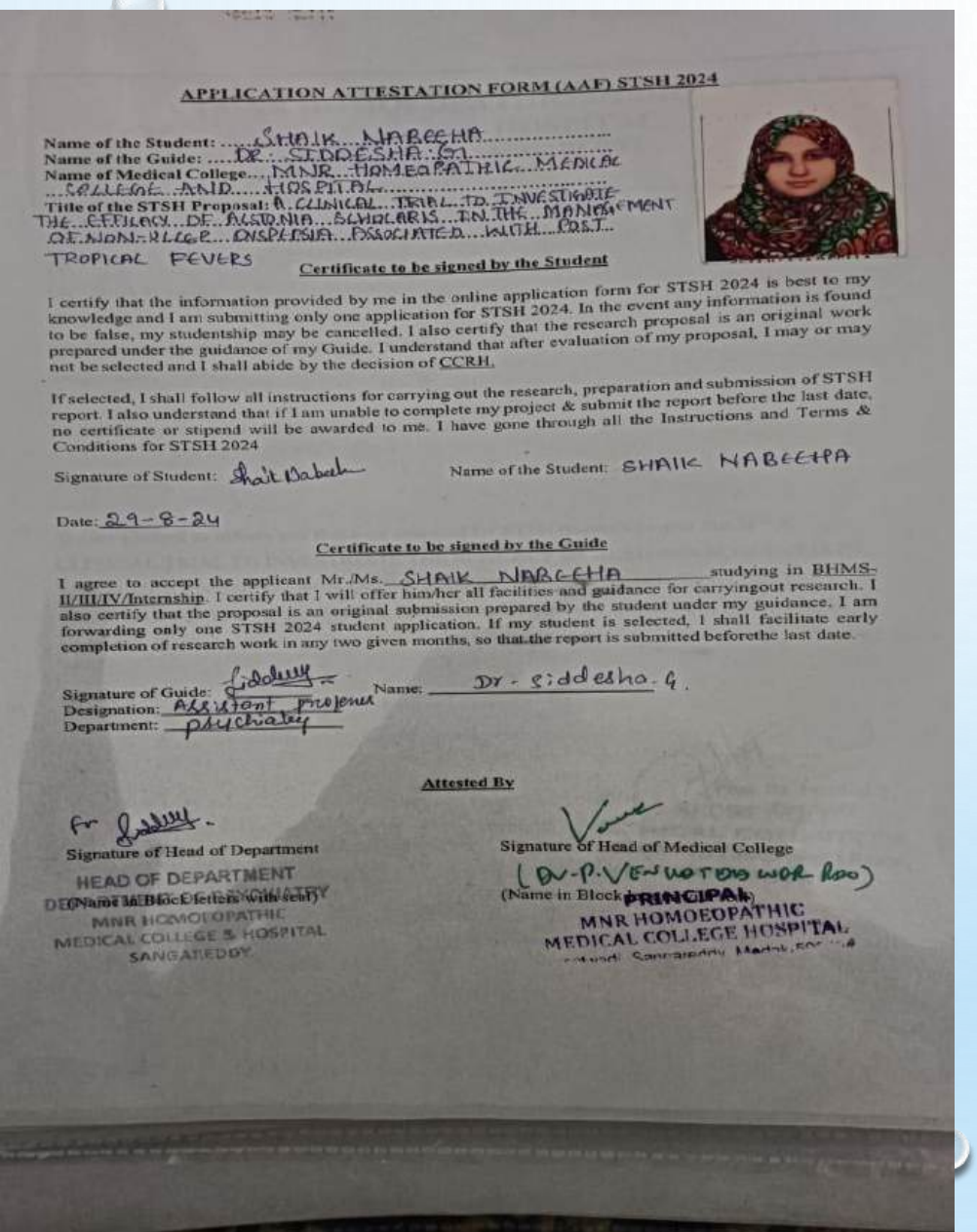
Signature of Head of Medical College
(DR. P. VENKATESWARLU)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Pasalwadi, Sangareddy, Medak-502294

6 TITLE: A placebo controlled experimental trial to assess the efficacy of Homoeopathic medicine Ferrum Met 6x in enhancing the resistance of Cadmium met uptaking Arachias hypogea via soil drench

GUIDE : Dr. Siddesha. G

STUDENT : Indu sri bellamkonda

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: SHAIK NABEEHA
Name of the Guide: DR. SIDDESHA. G
Name of Medical College: MNR HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A CLINICAL TRIAL TO INVESTIGATE THE EFFICACY OF ALSTONIA SCHOLARIS IN THE MANAGEMENT OF NON-ULCER DYSPEPSIA ASSOCIATED WITH POST TROPICAL FEVERS

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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Signature of Student: Shaik Nabeeha Name of the Student: SHAIK NABEEHA

Date: 29-8-24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. SHAIK NABEEHA studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. Siddesha. G.
Designation: Assistant Professor
Department: Psychiatry

Attested By

Signature of Head of Department
HEAD OF DEPARTMENT
MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL SANGAREDDY

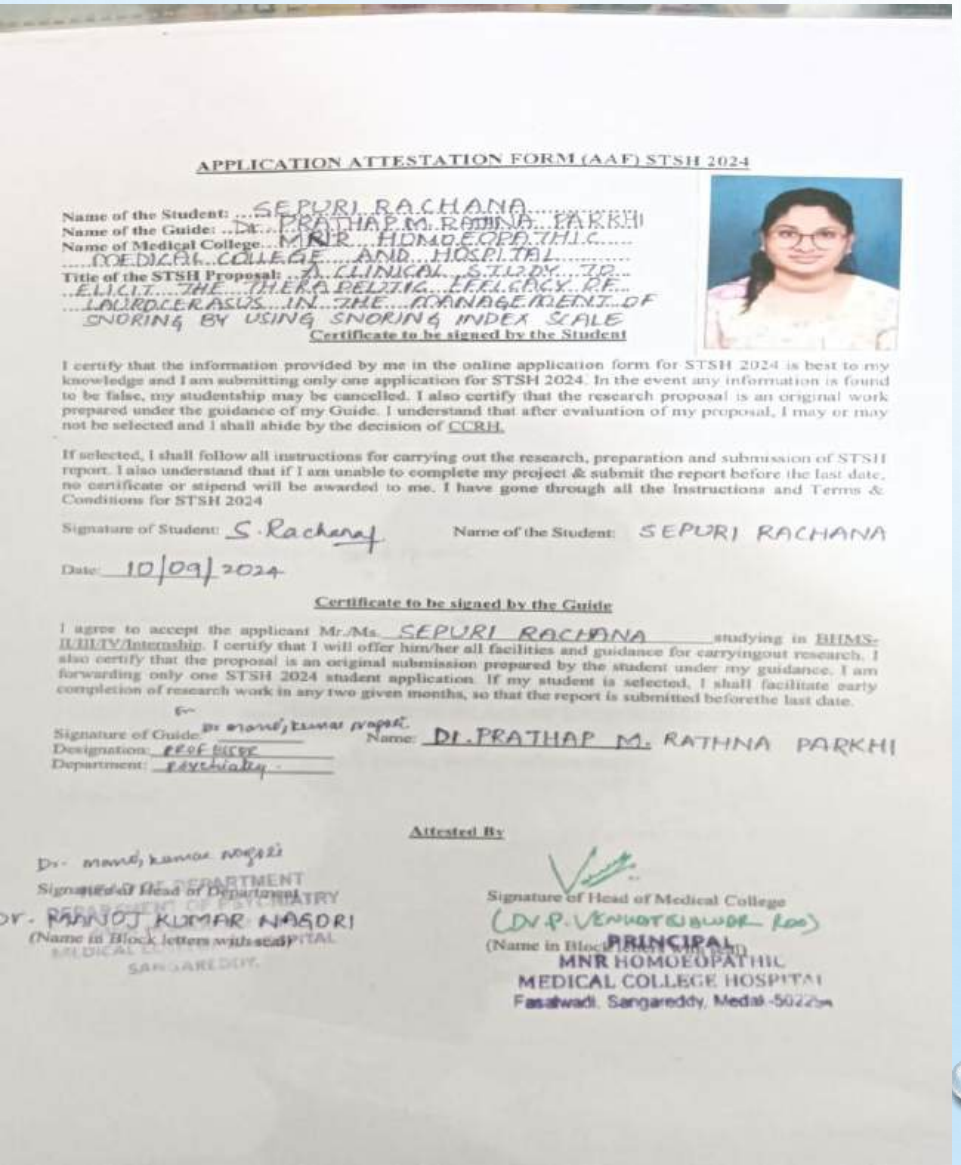
Signature of Head of Medical College
(Name in Block Letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

7. TITLE : A clinical trial to investigate the efficacy of Alstonia scholaris in the management of non ulcer dyspepsia associated with post tropical fevers

GUIDE : Dr. Siddesha G

STUDENT : Shaik Nabeeha

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: SEPURI RACHANA
Name of the Guide: Dr. PRATHAP M. RATHNA PARKHI
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A CLINICAL STUDY TO ELICIT THE THERAPEUTIC EFFICACY OF LAURDCERASUS IN THE MANAGEMENT OF SNORING BY USING SNORING INDEX SCALE

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: S. Rachana Name of the Student: SEPURI RACHANA

Date: 10/09/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. SEPURI RACHANA studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Dr. manoj kumar nagri Name: DI. PRATHAP M. RATHNA PARKHI
Designation: PROFESSOR
Department: PSYCHIATRY

Attested By

Dr. manoj kumar NAGRI
Signature of Head of Department
DEPARTMENT OF PSYCHIATRY
Dr. MANOJ KUMAR NAGDRI
(Name in Block letters with seal)
MEDICAL COLLEGE HOSPITAL
SANGAREDDY.

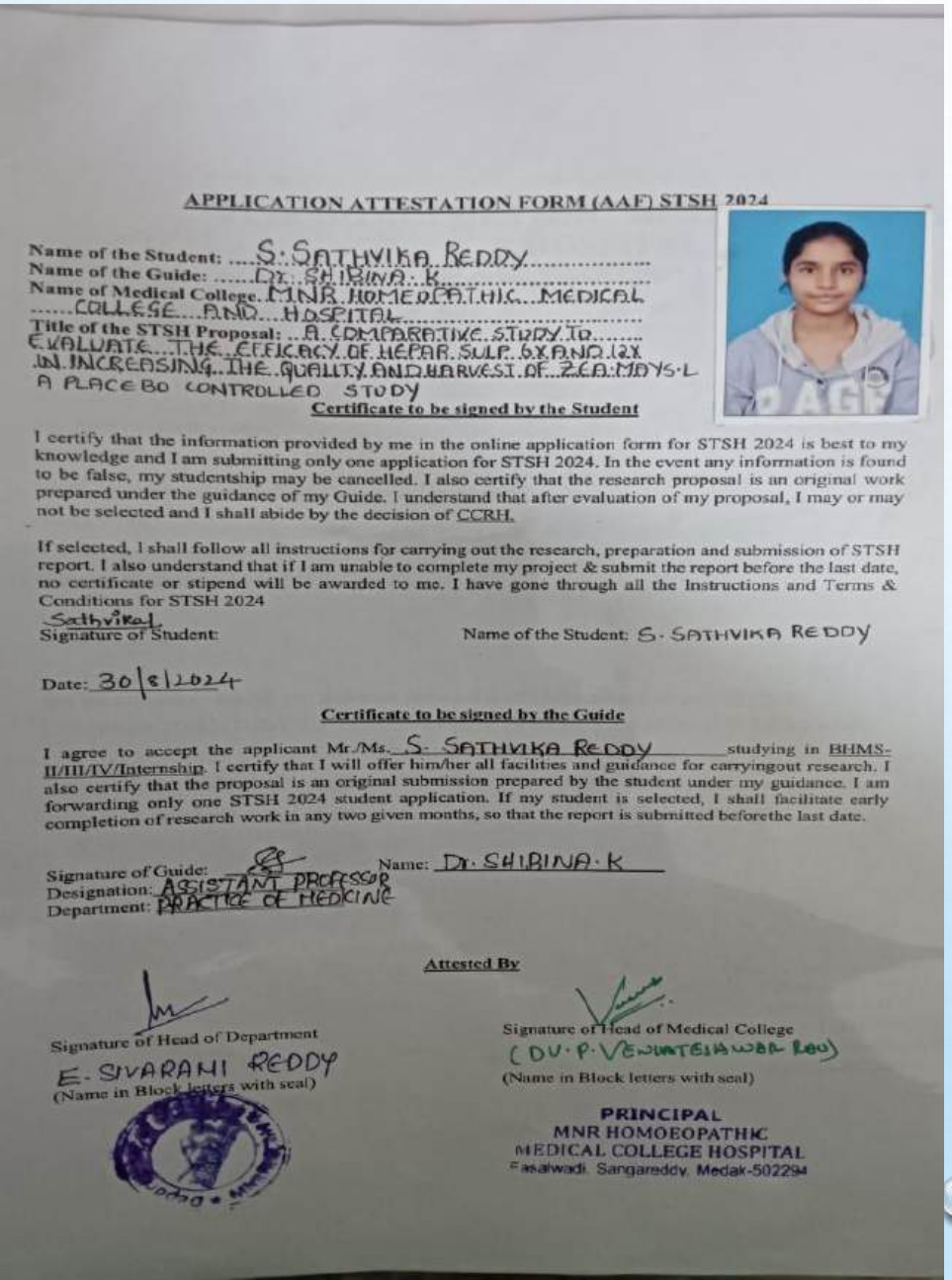
Signature of Head of Medical College
(Dr P. VENKATESWAR Rao)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Fasalwadi, Sangareddy, Medak-502294

8. TITLE : A clinical study to elicit the therapeutic efficacy of Laurdcerasus in the management of snoring by using snoring index scale

GUIDE : Dr Pratap M Rathna Parkhi

STUDENT : Sepuri Rachana

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: S. SATHVIKA REDDY
Name of the Guide: Dr. SHIBINA. K
Name of Medical College. MNR HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A COMPARATIVE STUDY TO EVALUATE THE EFFICACY OF HEPAR SULP 6X AND 12X IN INCREASING THE QUALITY AND HARVEST OF ZEA.MAYS.L A PLACEBO CONTROLLED STUDY

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Sathvika
Signature of Student: Name of the Student: S. SATHVIKA REDDY

Date: 30/8/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. S. SATHVIKA REDDY studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. SHIBINA. K
Designation: ASSISTANT PROFESSOR
Department: PRACTICE OF MEDICINE

Attested By

Signature of Head of Department
E. SIVARANI REDDY
(Name in Block letters with seal)

Signature of Head of Medical College
(DR. P. VENKATESHWAR RAO)
(Name in Block letters with seal)

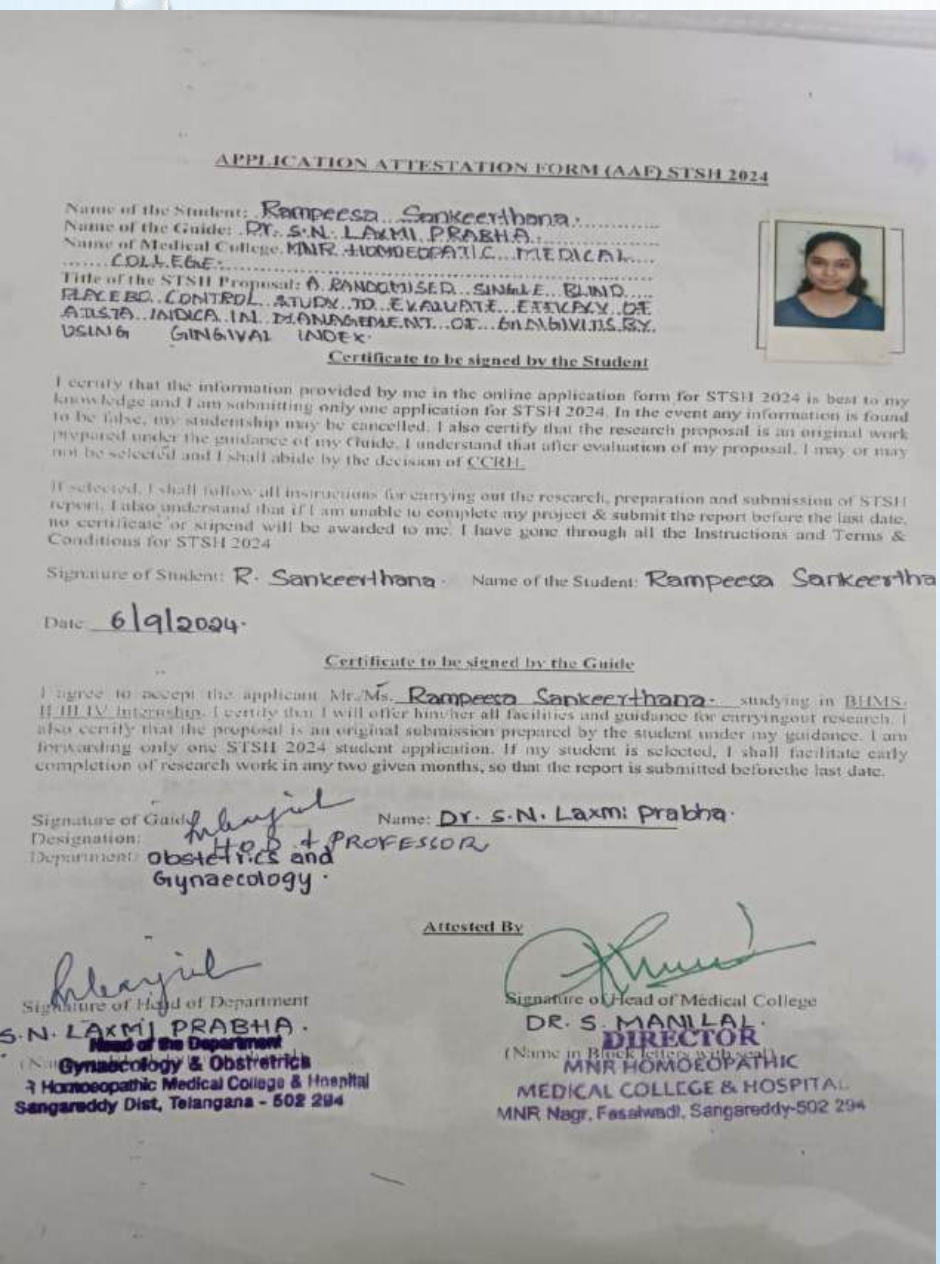
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Fasalwadi, Sangareddy, Medak-502294

9. TITLE :A comaparative study to evaluate the efficacy of Hepar sulph 6x and 12x in increasing the quality and harvest of zea.mays.l a placebo control study

GUIDE : Dr. Shibina K

STUDENT : S Sathvika reddy

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: Rampeesa Sankeerthana.
Name of the Guide: DR. S.N. LAXMI PRABHA.
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE.
Title of the STSH Proposal: A RANDOMISED SINGLE BLIND PLACEBO CONTROL STUDY TO EVALUATE EFFICACY OF ATISTA INDICA IN MANAGEMENT OF GINGIVITIS BY USING GINGIVAL INDEX.

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: R. Sankeerthana. Name of the Student: Rampeesa Sankeertha

Date: 6/9/2024.

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. Rampeesa Sankeerthana. studying in BHMS. II/III/IV Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: DR. S.N. Laxmi Prabha.
Designation: HOD & PROFESSOR
Department: Obstetrics and Gynaecology.

Attested By

Signature of Head of Department
S.N. LAXMI PRABHA.
Head of the Department
Gynaecology & Obstetrics
MNR Homoeopathic Medical College & Hospital
Sangareddy Dist, Telangana - 502 294

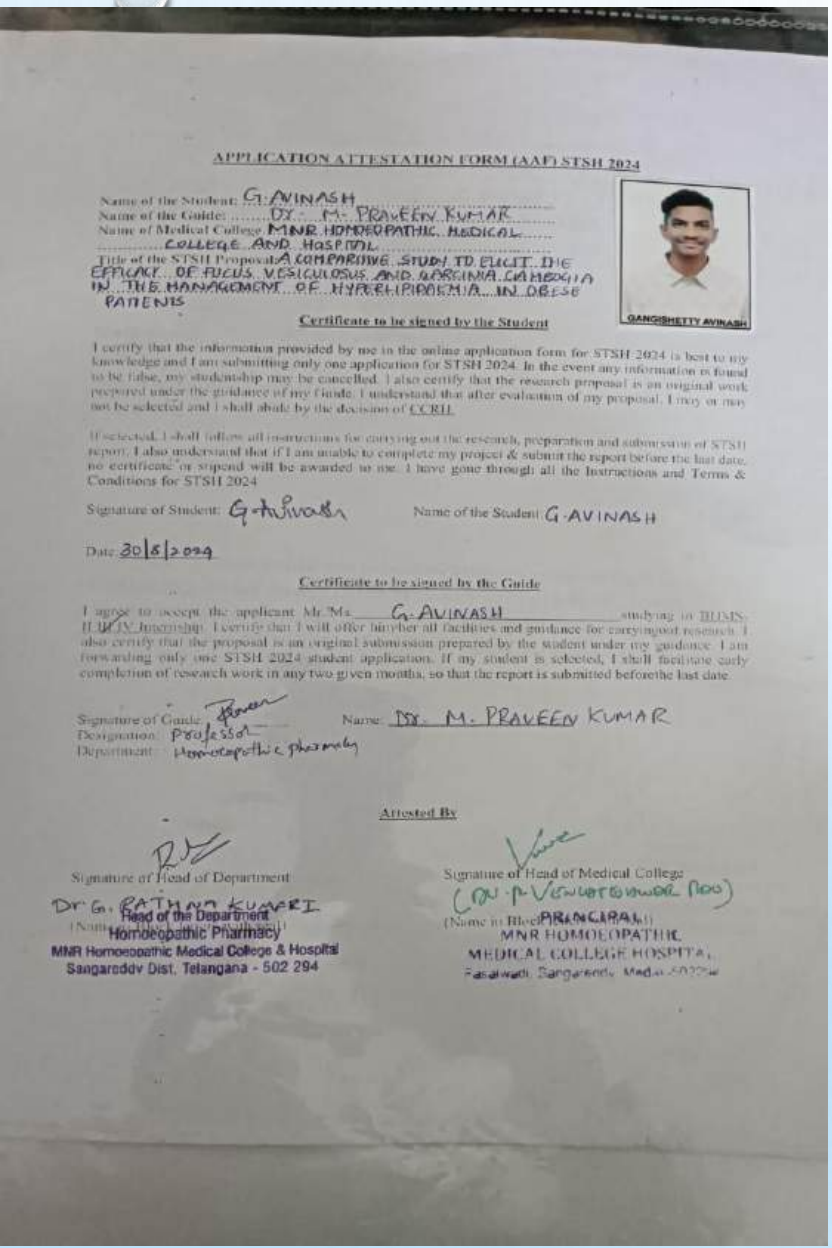
Signature of Head of Medical College
DR. S. MANILAL.
DIRECTOR
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
MNR Nagr, Fasalwadi, Sangareddy-502 294

10. TITLE : A Randomised single blind to evaluate the efficacy of Atista Indica in management of Gingivitis by using Gingivitis index

GUIDE : Dr Laxmi Prabha

STUDENT : Rampeesa Sankeerthana

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: G AVINASH
Name of the Guide: Dr. M. PRAVEEN KUMAR
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A COMPARITIVE STUDY TO ELICIT THE EFFICACY OF FUCUS VESICULOSUS AND GARCINIA CAMBOGIA IN THE MANAGEMENT OF HYPERLIPIDAEMIA IN OBESE PATIENTS

GANGISHETTY AVINASH

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH-2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: G Avinash Name of the Student: G AVINASH

Date: 30/8/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. G AVINASH studying in BHMS, II/III/IV Internship. I certify that I 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 2024 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: Praveen Name: Dr. M. PRAVEEN KUMAR
Designation: Professor
Department: Homoeopathic pharmacy

Attested By

Signature of Head of Department
Dr G. RATHNA KUMARI
Head of the Department
Homoeopathic Pharmacy
MNR Homoeopathic Medical College & Hospital
Sangareddy Dist. Telangana - 502 294

Signature of Head of Medical College
(Name in Block Letters) PRINCIPAL
MNR HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

11. TITLE : A comparative study to elicit the efficacy of Fucus vesiculosus and Garcinia Gambogia in the management of Hyperlipidemia in obese patients

GUIDE : Dr. M Praveen kumar

STUDENT : G Avinash

RESEARCH PROPOSALS TO CCRH(STSH)

APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: M. SHIREESHA
Name of the Guide: Dr. KRISHNA KANDE
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
Title of the STSH Proposal: "AN OBSERVATIONAL STUDY TO ASSESS THE IMPACT OF HOMOEOPATHIC TREATMENT BY SYPTOM SCORING SCALE IN PATIENTS OF RESTLESS LEGS SYNDROME OF AGE GROUP 20-30 YEARS"

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Name of the Student: M. SHIREESHA

Date: 13-09-2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. M. Shireesha studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. Krishna kande
Designation: Professor
Department: psychiatry

Attested By

Dr. Manoj Kumar Nigam

Signature of Head of Department
HEAD OF DEPARTMENT
DEPARTMENT OF PSYCHIATRY
(Name in Block letters with seal)
MEDICAL COLLEGE & HOSPITAL
SANGAREDDY

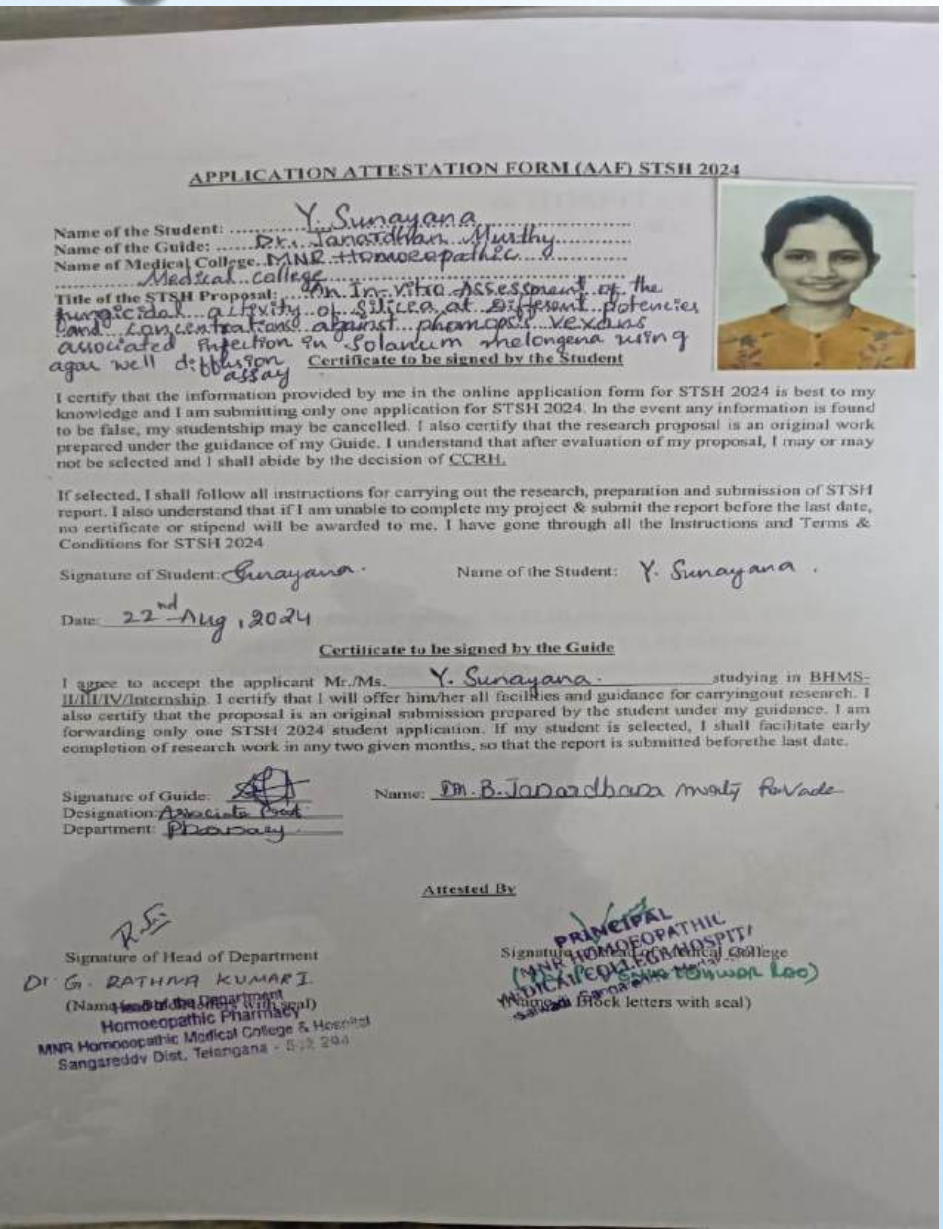
Signature of Head of Medical College
(Dr. P. Venkateswar Rao)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Fasalwadi, Sangareddy, Medak-502294

12. TITLE : A obervational stody to assess the impact of Homoeopathic treatment by symptom scoring scale in patients of restless leg syndrome of age group of 20 to 30 years

GUIDE : Dr. Krishna kande

STUDENT : M Shireesha

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: Y. Sunayana
Name of the Guide: Dr. Janardhan Murthy
Name of Medical College: MNR Homoeopathic Medical College
Title of the STSH Proposal: An In-vitro Assessment of the fungicidal activity of Silicea at different potencies and concentrations against Phomopsis vexans associated infection on Solanum melongena using agar well diffusion assay

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Sunayana. Name of the Student: Y. Sunayana.

Date: 22nd Aug, 2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. Y. Sunayana studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. B. Janardhana Murthy Parvade
Designation: Associate Prof.
Department: Pharmacy.

Attested By

Signature of Head of Department
Dr G. RATHNA KUMARI.
(Name & Seal of the Department)
Homoeopathic Pharmacy
MNR Homoeopathic Medical College & Hospital
Sangareddy Dist. Telangana - 5[illegible]

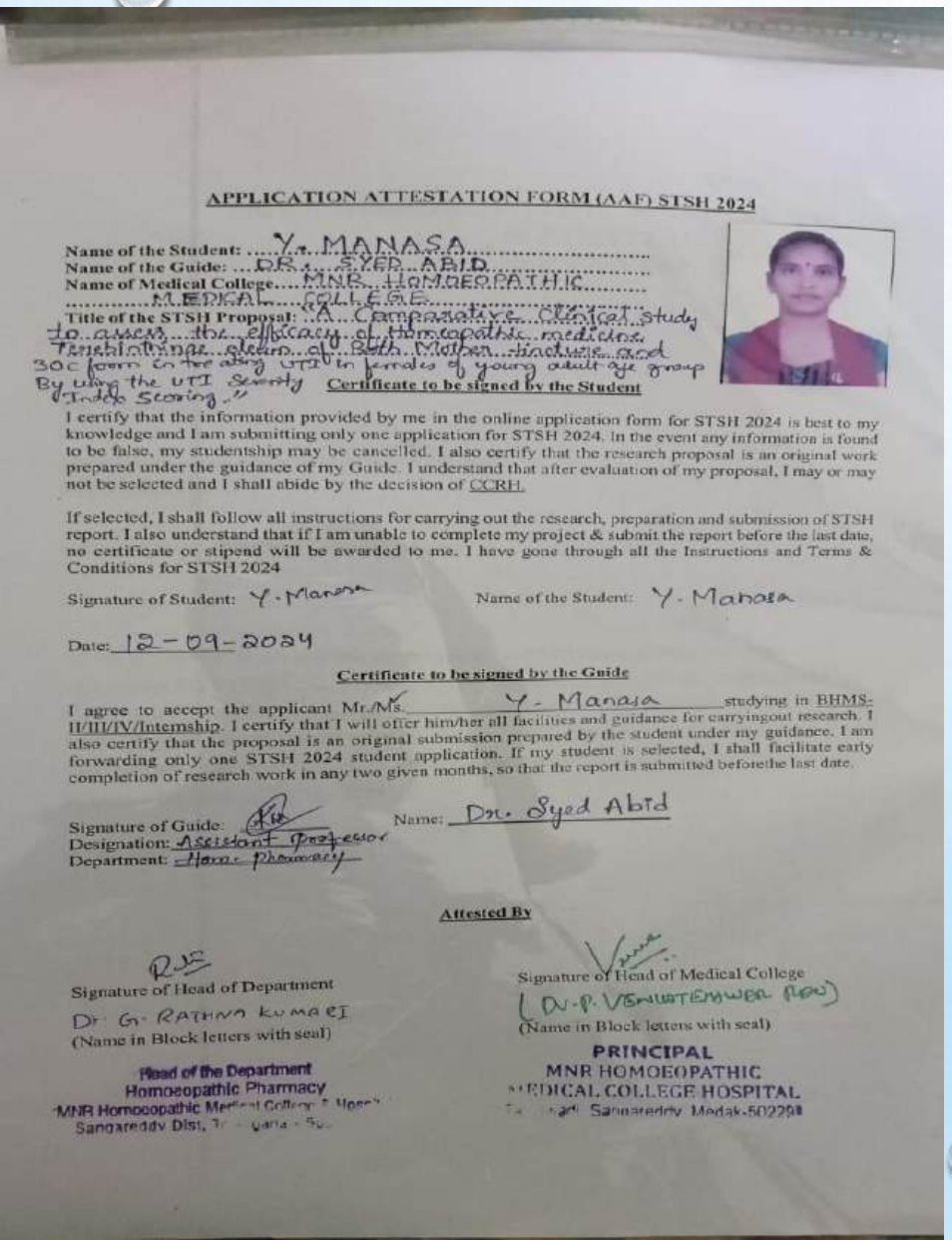
Signature of Principal
(Name & Seal with Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

13. TITLE : An invitro assessment of fungicidal activity of Silicea at different potencies and concentration against Phomopsis vexans associated infection in Solanum melongina using Agar well diffusion assay

GUIDE : Dr. Janardhan Murthy

STUDENT : Y Sunayana

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: Y. MANASA
Name of the Guide: DR. SYED ABID
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE
Title of the STSH Proposal: A Comparative Clinical study to assess the efficacy of homoeopathic medicine Teribinthinae oleum of both Mother tincture and 30c form in treating UTI in ferrales of young adult age group By using the UTI Severity Index Scoring."

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Y. Manasa Name of the Student: Y. Manasa

Date: 12-09-2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. Y. Manasa studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. Syed Abid
Designation: Assistant Professor
Department: Homoeopathic Pharmacy

Attested By

Signature of Head of Department
Dr. G. RATHNA KUMARI
(Name in Block letters with seal)
Head of the Department
Homoeopathic Pharmacy
MNR Homoeopathic Medical College & Hospital
Sangareddy Dist, Telangana - 502...

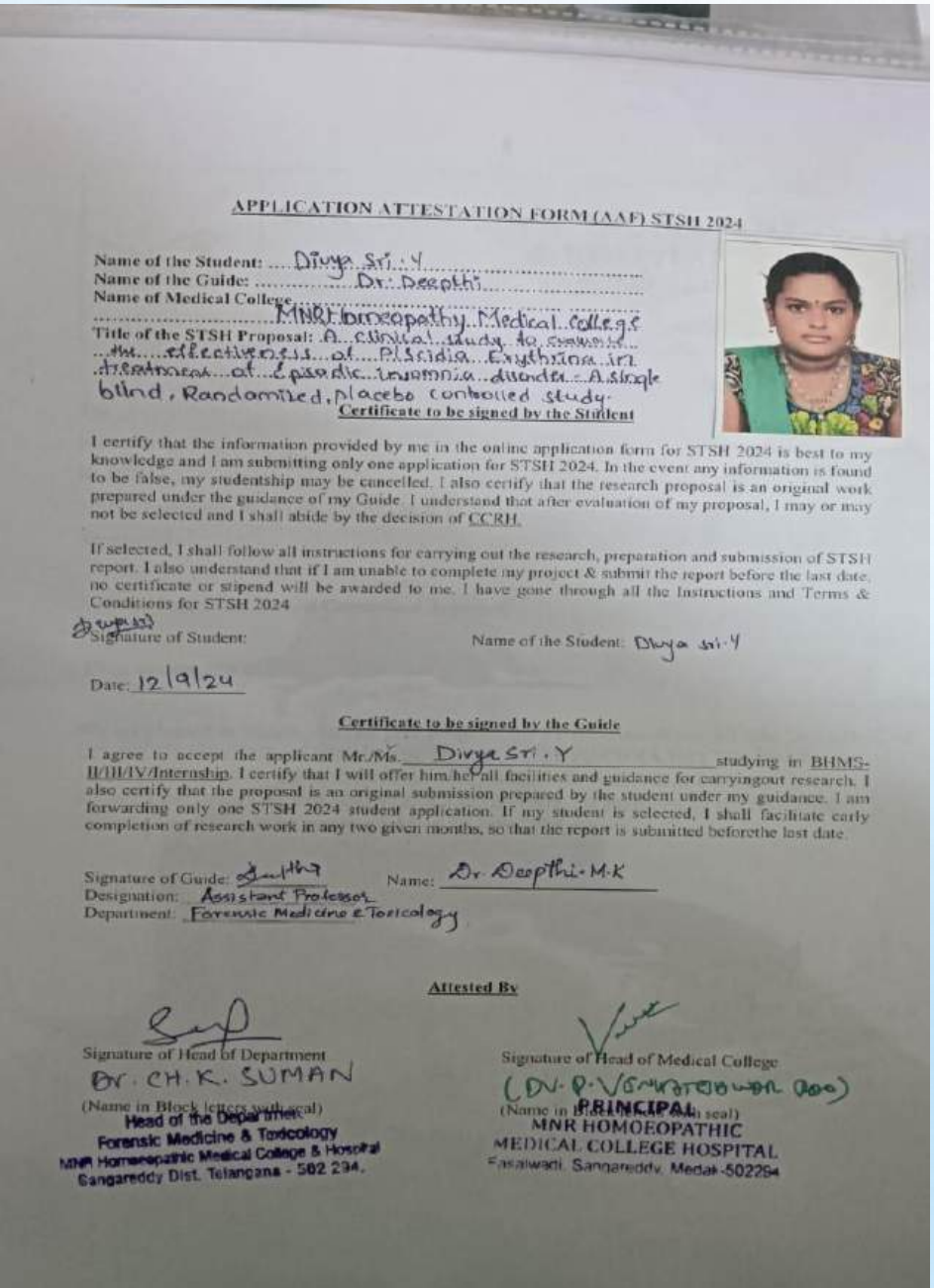
Signature of Head of Medical College
(Dr. P. VENKATESHWAR RAO)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Sangareddy, Medak-502294

14. TITLE : A comparative clinical study to assess the efficacy of Homoeopathic medicine Teribinthine oleum of both Q and 30c form in treating UTI in females of young adult age group by using UTI severity index

GUIDE : Dr. Syed Abid

STUDENT : Y Manasa

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: Divya Sri. Y
Name of the Guide: Dr. Deepthi
Name of Medical College: MNR Homoeopathy Medical College
Title of the STSH Proposal: A clinical study to evaluate the effectiveness of Piscidia Erythrina in treatment of episodic insomnia disorder A single blind, Randomized, placebo controlled study.

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Name of the Student: Divya sri. Y

Date: 12/9/24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. Divya Sri. Y studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. Deepthi. M.K
Designation: Assistant Professor
Department: Forensic Medicine & Toxicology

Attested By

Signature of Head of Department
Dr. CH. K. SUMAN
(Name in Block letters with seal)
Head of the Department
Forensic Medicine & Toxicology
MNR Homoeopathic Medical College & Hospital
Sangareddy Dist. Telangana - 502 294.

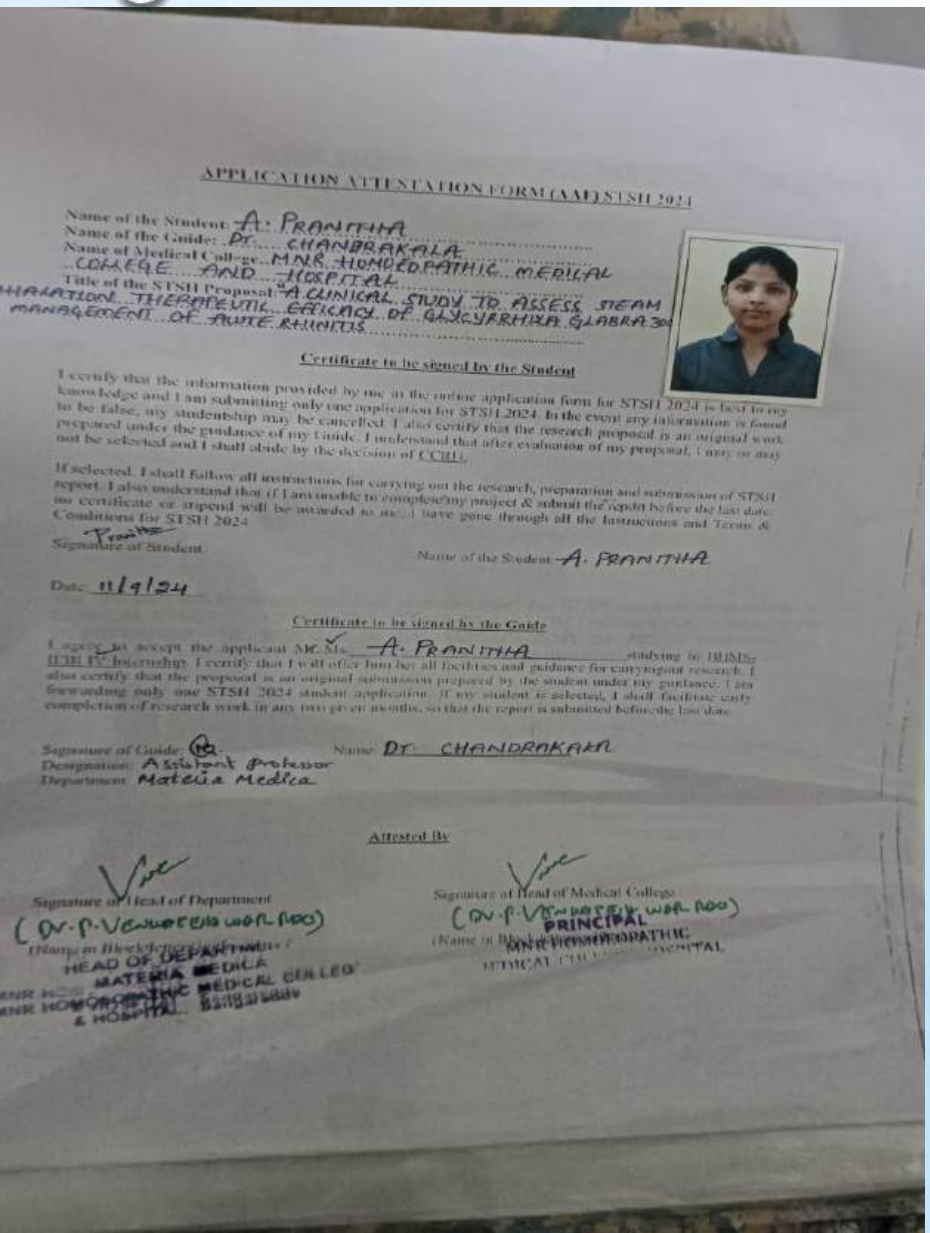
Signature of Head of Medical College
(Dr. P. Venkateswar Rao)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Fasalwadi, Sangareddy, Medak-502294

15. TITLE : A clinical study to evaluate the effectiveness of Piscidia erythrina in treatment of episodic insomnia disorder a single blind randomised placebo control study

GUIDE : Dr.Deepthi MK

STUDENT : Divyasri Y

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: A. PRANITHA
Name of the Guide: Dr. CHANDRAKALA
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A CLINICAL STUDY TO ASSESS STEAM INHALATION THERAPEUTIC EFFICACY OF GLYCYRRHIZA GLABRA 30 IN MANAGEMENT OF ACUTE RHINITIS

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Pranitha
Name of the Student: A. PRANITHA
Date: 11/9/24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. A. PRANITHA studying in BHMS/BSMS IV Internship. I certify that I 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 2024 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:
Name: Dr. CHANDRAKALA
Designation: Assistant Professor
Department: Materia Medica

Attested By

Signature of Head of Department
(Dr. P. Venugopala Rao MD)
HEAD OF DEPARTMENT
MATERIA MEDICA
MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

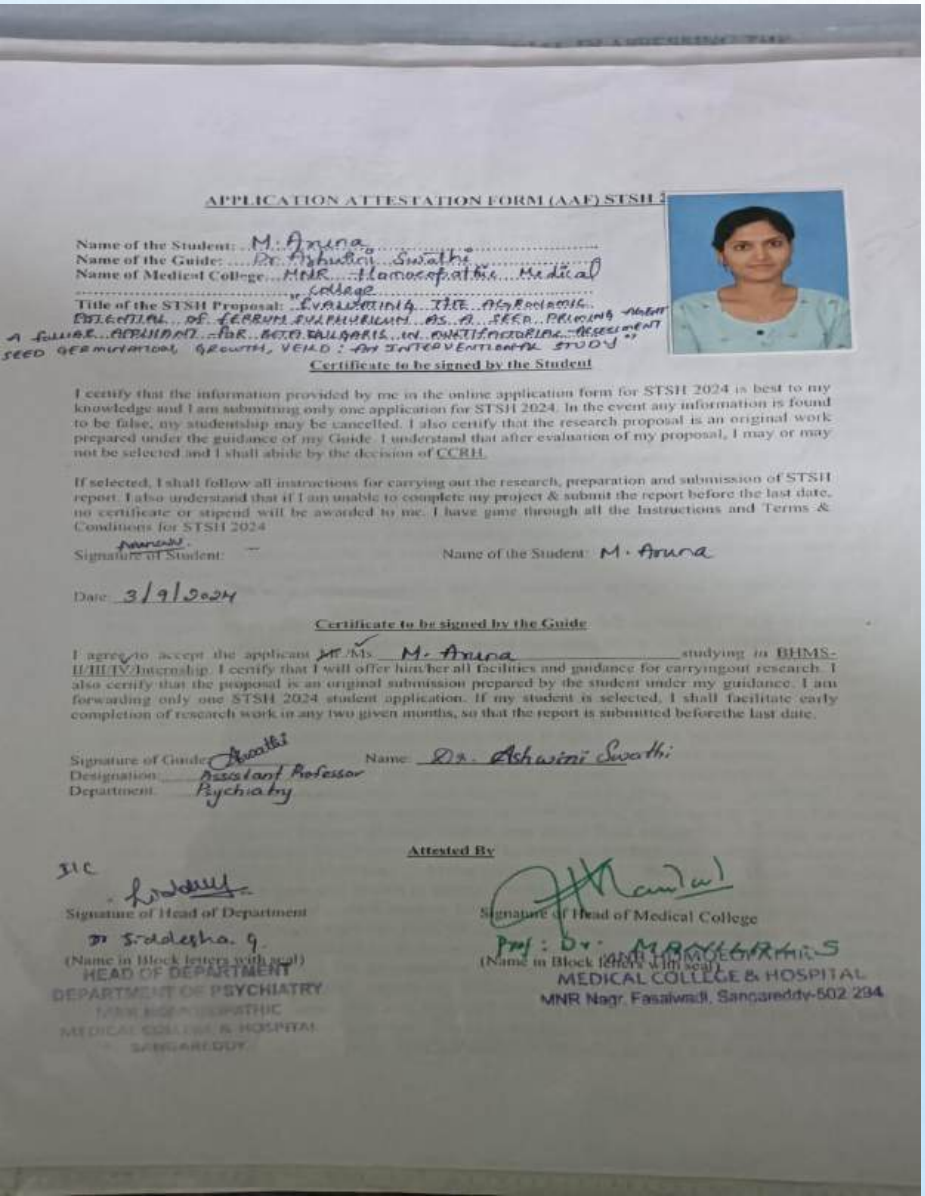
Signature of Head of Medical College
(Dr. P. Venugopala Rao MD)
PRINCIPAL
MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

16. TITLE :A clinical study to assess steam inhalation therapeutic efficacy of glycyrrhiza glabra30C in management of acute rhinitis

GUIDE : Dr. Chandrakala

STUDENT : A Pranitha

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH

Name of the Student: M. Aruna
Name of the Guide: Dr. Aswini Swathi
Name of Medical College: MNR Homoeopathic Medical College
Title of the STSH Proposal: "EVALUATING THE ERGNOMIC POTENTIAL OF FERRUM SULPHURICUM AS A SEED PRIMING AGENT AS A FOLLIAR APPLICANT FOR BETAVULGARIS IN MULTIFACTORIAL ASSESSMENT OF SEED GERMINATION, GROWTH, YEILD : AN INTERVENTIONAL STUDY"

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Name of the Student: M. Aruna

Date: 3/9/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr/Ms M. Aruna studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. Aswini Swathi
Designation: Assistant Professor
Department: Psychiatry

Attested By

IIC

Signature of Head of Department
Dr Siddesha. G
(Name in Block letters with seal)
HEAD OF DEPARTMENT
DEPARTMENT OF PSYCHIATRY
MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL SANGAREDDY

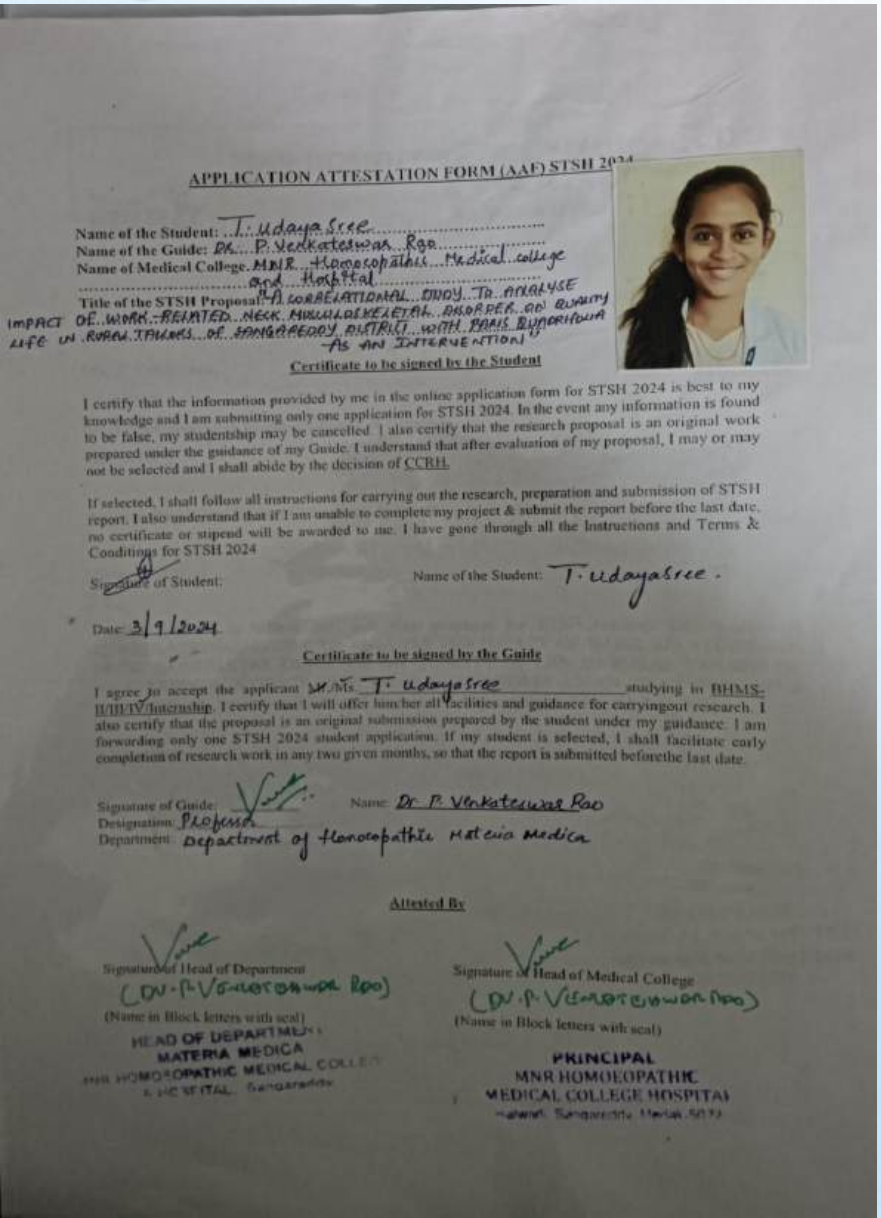
Signature of Head of Medical College
Prof: Dr. M.RAVEENDRANATH
(Name in Block letters with seal)
MEDICAL COLLEGE & HOSPITAL
MNR Nagar, Fasalwadi, Sangareddy-502 294

17. TITLE : Evaluating the ergnomic potential of Ferrum sulph as a seed priming agent and a folliar applicant for betavulgaris in multifactorial assessment of seed germination,growth,yeild :an interventional study

GUIDE : Dr. Aswini Swathi

STUDENT : M Aruna

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: T. Udayasree
Name of the Guide: Dr. P. Venkateswara Rao
Name of Medical College: MNR Homoeopathic Medical college and Hospital
Title of the STSH Proposal: "A CORRELATIONAL STUDY TO ANALYSE IMPACT OF WORK RELATED NECK MUSCULOSKELETAL DISORDER ON QUALITY LIFE IN RURAL TAILORS OF SANGAREDDY DISTRICT WITH PARIS QUADRIFOLIA AS AN INTERVENTION"

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Name of the Student: T. Udayasree.

Date: 3/9/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms T. Udayasree studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. P. Venkateswara Rao
Designation: Professor
Department: Department of Homoeopathic Materia Medica

Attested By

Signature of Head of Department (Dr. P. Venkateswara Rao)
(Name in Block letters with seal)
HEAD OF DEPARTMENT
MATERIA MEDICA
MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, Sangareddy

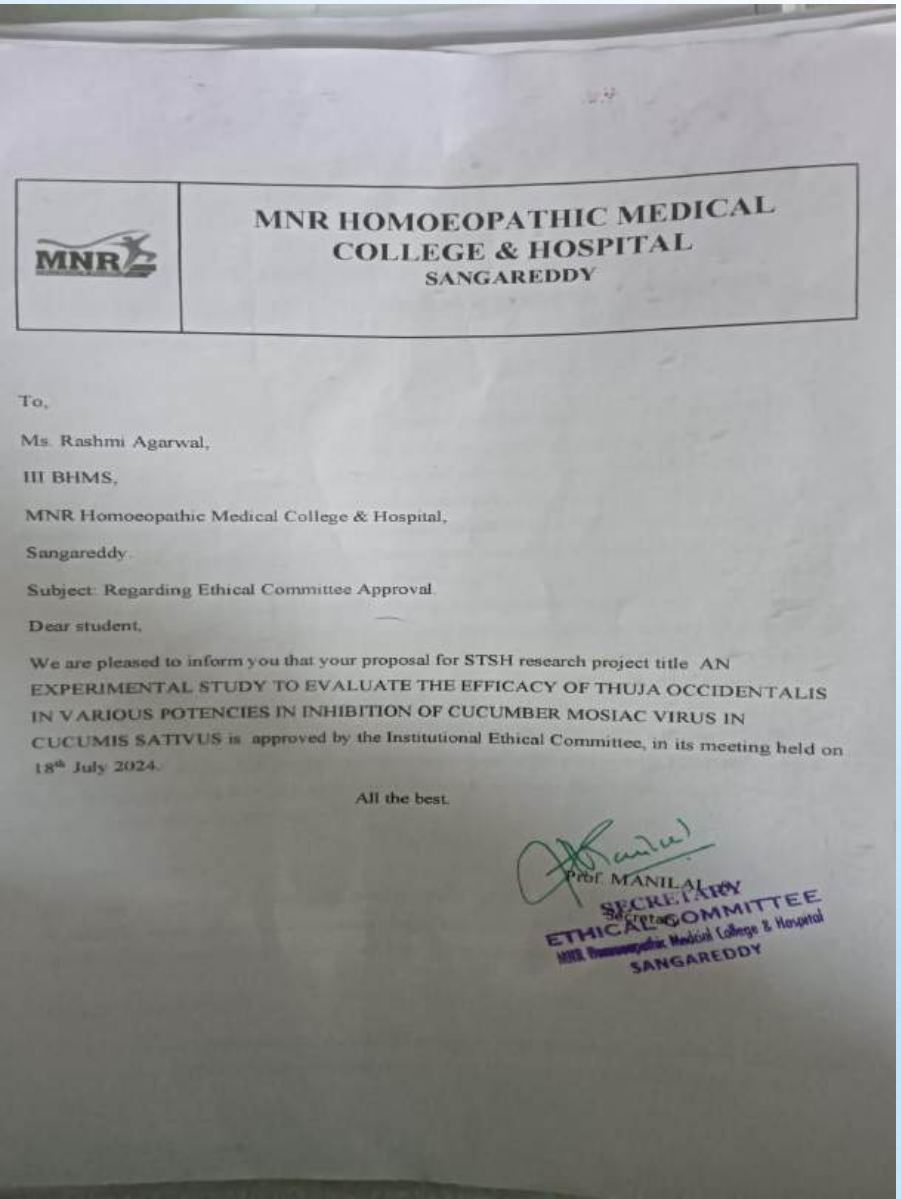
Signature of Head of Medical College (Dr. P. Venkateswara Rao)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL

18. TITLE :A correlational study to analyse the impact of work related neck musculoskeletal disorder on quality of life in rural tailors of Sangareddy district with Paris quadrifolia as an intervention

GUIDE : Dr. P Venkateswara Rao

STUDENT : T Udayasree

RESEARCH PROPOSALS TO CCRH(STSH)



MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
SANGAREDDY

To,

Ms. Rashmi Agarwal,

III BHMS,

MNR Homoeopathic Medical College & Hospital,

Sangareddy.

Subject: Regarding Ethical Committee Approval.

Dear student,

We are pleased to inform you that your proposal for STSH research project title AN EXPERIMENTAL STUDY TO EVALUATE THE EFFICACY OF THUJA OCCIDENTALIS IN VARIOUS POTENCIES IN INHIBITION OF CUCUMBER MOSIAC VIRUS IN CUCUMIS SATIVUS is approved by the Institutional Ethical Committee, in its meeting held on 18th July 2024.

All the best.

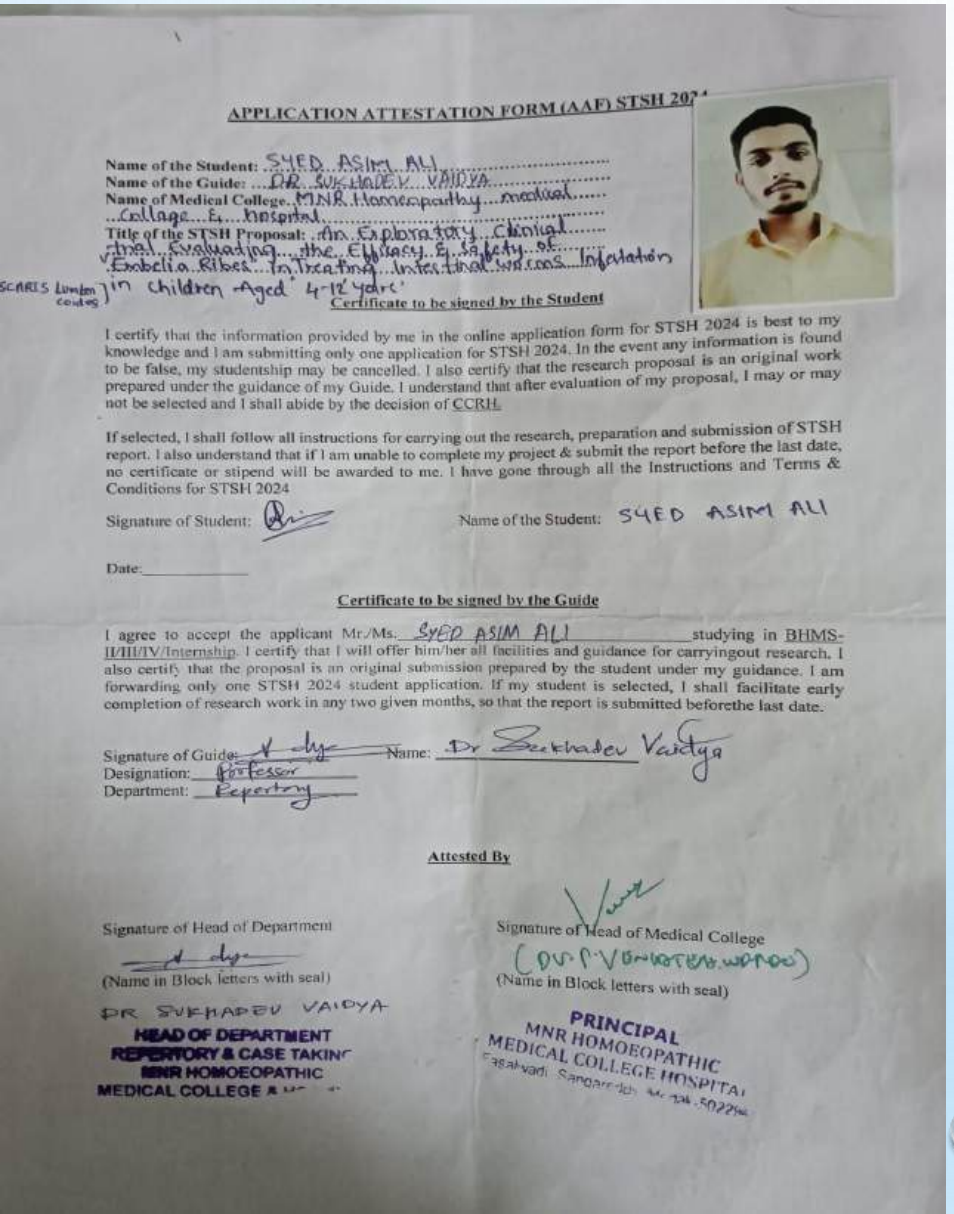
Prof. MANILAL
Secretary
ETHICAL COMMITTEE
MNR Homoeopathic Medical College & Hospital
SANGAREDDY

19. TITLE : An experimental study to evaluate the efficacy of Thuja occidentalis in various potencies in inhibition of cucumber mosaic virus in cucumis sativus

GUIDE : Dr. Santhoshi Reddy

STUDENT : Rashmi Agarwal

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 202

Name of the Student: SYED ASIM ALI
Name of the Guide: DR. SUKHADEV VAIDYA
Name of Medical College: MNR Homoeopathy medical College & Hospital
Title of the STSH Proposal: An Exploratory Clinical trial Evaluating the Efficacy & Safety of Embelia Ribes in Treating Intestinal worms Infestation in Children Aged 4-12 years

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Name of the Student: SYED ASIM ALI

Date:

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. SYED ASIM ALI studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr Sukhadev Vaidya
Designation: Professor
Department: Repertory

Attested By

Signature of Head of Department
(Name in Block letters with seal)
DR SUKHADEV VAIDYA
HEAD OF DEPARTMENT
REPERTORY & CASE TAKING
MNR HOMOEOPATHIC
MEDICAL COLLEGE &

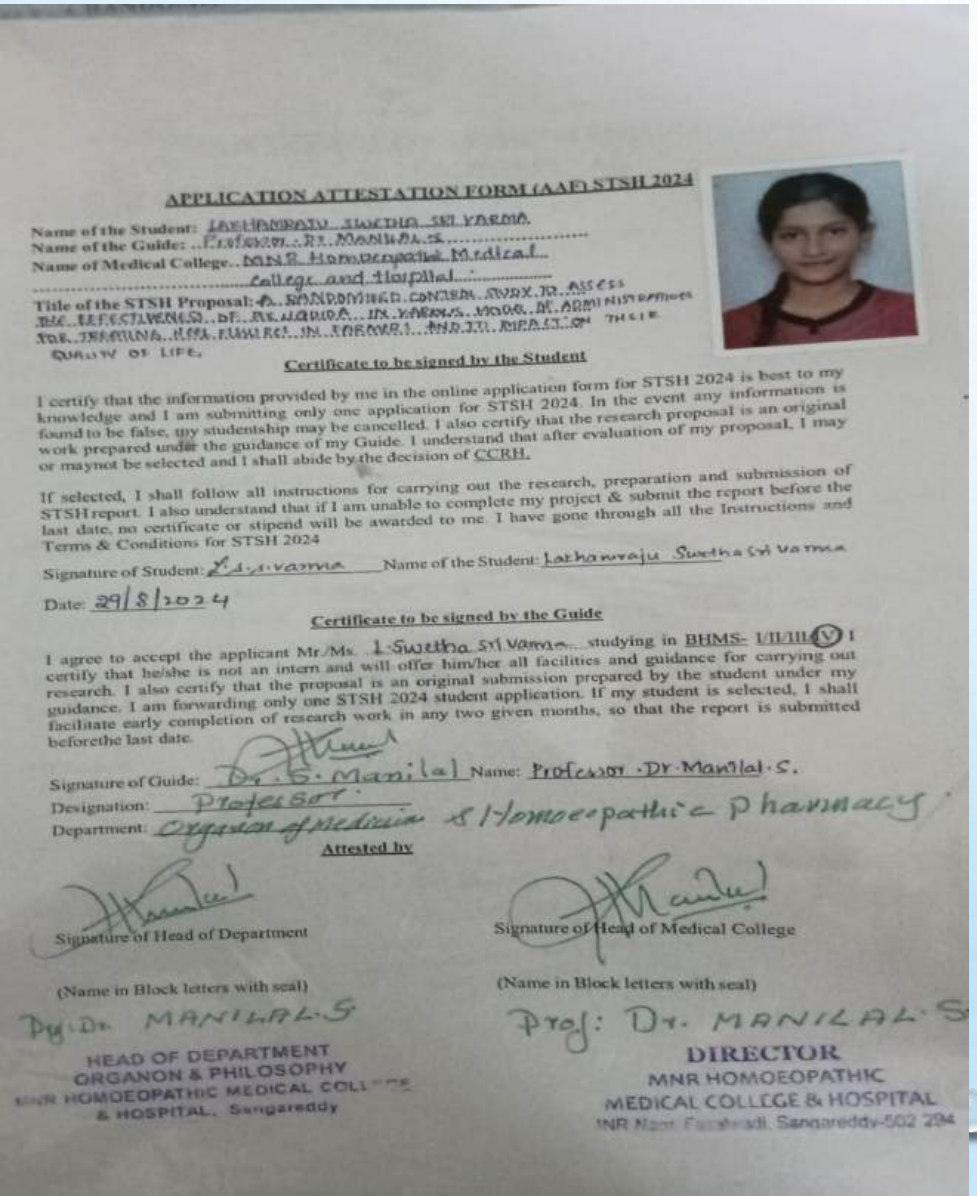
Signature of Head of Medical College
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL

20. TITLE : An exploratory clinical trial evaluating the efficacy and safety of Embelia ribis in treating intestinal worms infestation in children aged 4-12 years

GUIDE : Dr. Sukhadev vaidya

STUDENT : Syed Asim Ali

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: LATHANRAJU SWETHA SRI VARMA
Name of the Guide: Professor Dr. MANILAL S
Name of Medical College: MNR Homoeopathic Medical College and Hospital

Title of the STSH Proposal: A RANDOMISED CONTROL STUDY TO ASSESS THE EFFECTIVENESS OF PIXLIQUIDA IN VARIOUS MODES OF ADMINISTRATIONS FOR TREATING HEELFISSURES IN FARMERS AND ITS IMPACT ON THEIR QUALITY OF LIFE.

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 maynot be selected and I shall abide by the decision of CCRH.

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 2024

Signature of Student: L.S.varma Name of the Student: Lathanraju Swetha Sri Varma

Date: 29/8/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. L.Swetha Sri Varma studying in BHMS- I/II/III/IV/V I certify that he/she is not an intern 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 2024 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 beforethe last date.

Signature of Guide: Dr. S. Manilal Name: Professor Dr. Manilal S.

Designation: Professor

Department: Organon of Medicine & Homoeopathic Pharmacy

Attested by

Signature of Head of Department

(Name in Block letters with seal)

Dy. Dr. MANILAL S

HEAD OF DEPARTMENT
ORGANON & PHILOSOPHY
MNR HOMOEOPATHIC MEDICAL COLLEGE
& HOSPITAL, Sangareddy

Signature of Head of Medical College

(Name in Block letters with seal)

Prof: Dr. MANILAL S

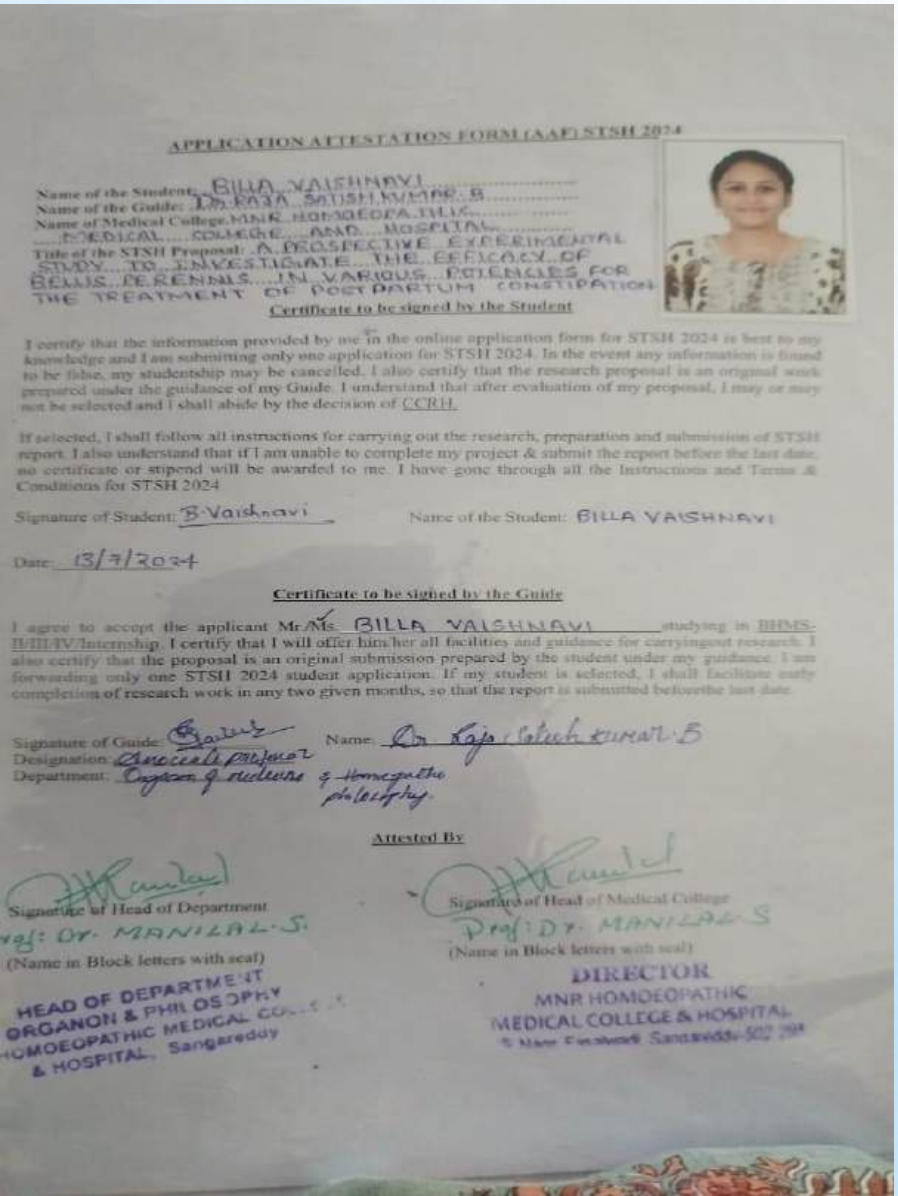
DIRECTOR
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
MNR Nagar, Fasalwadi, Sangareddy-502 294

21. TITLE :A randomised control study to assess the effectiveness of Pixliquida in various modes of administration for treating heelfissures in farmers and its impact on their quality of life

GUIDE : Dr. Manilal S

STUDENT : Swetha Sri varma

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: BILLA VAISHNAVI
Name of the Guide: Dr. RAJA SATISH KUMAR. B
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A PROSPECTIVE EXPERIMENTAL STUDY TO INVESTIGATE THE EFFICACY OF BELLIS PERENNIS IN VARIOUS POTENCIES FOR THE TREATMENT OF POSTPARTUM CONSTIPATION

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: B.Vaishnavi Name of the Student: BILLA VAISHNAVI

Date: 13/7/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. BILLA VAISHNAVI studying in BHMS-II/III/IV/Internship. I certify that I 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 2024 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: Name: Dr. Raja Satish kumar. B
Designation: Associate professor
Department: Organon of medicine & Homeopathic philosophy

Attested By

Signature of Head of Department
Name: Dr. MANILAL.S
(Name in Block letters with seal)
HEAD OF DEPARTMENT
ORGANON & PHILOSOPHY
HOMOEOPATHIC MEDICAL CO...
& HOSPITAL, Sangareddy

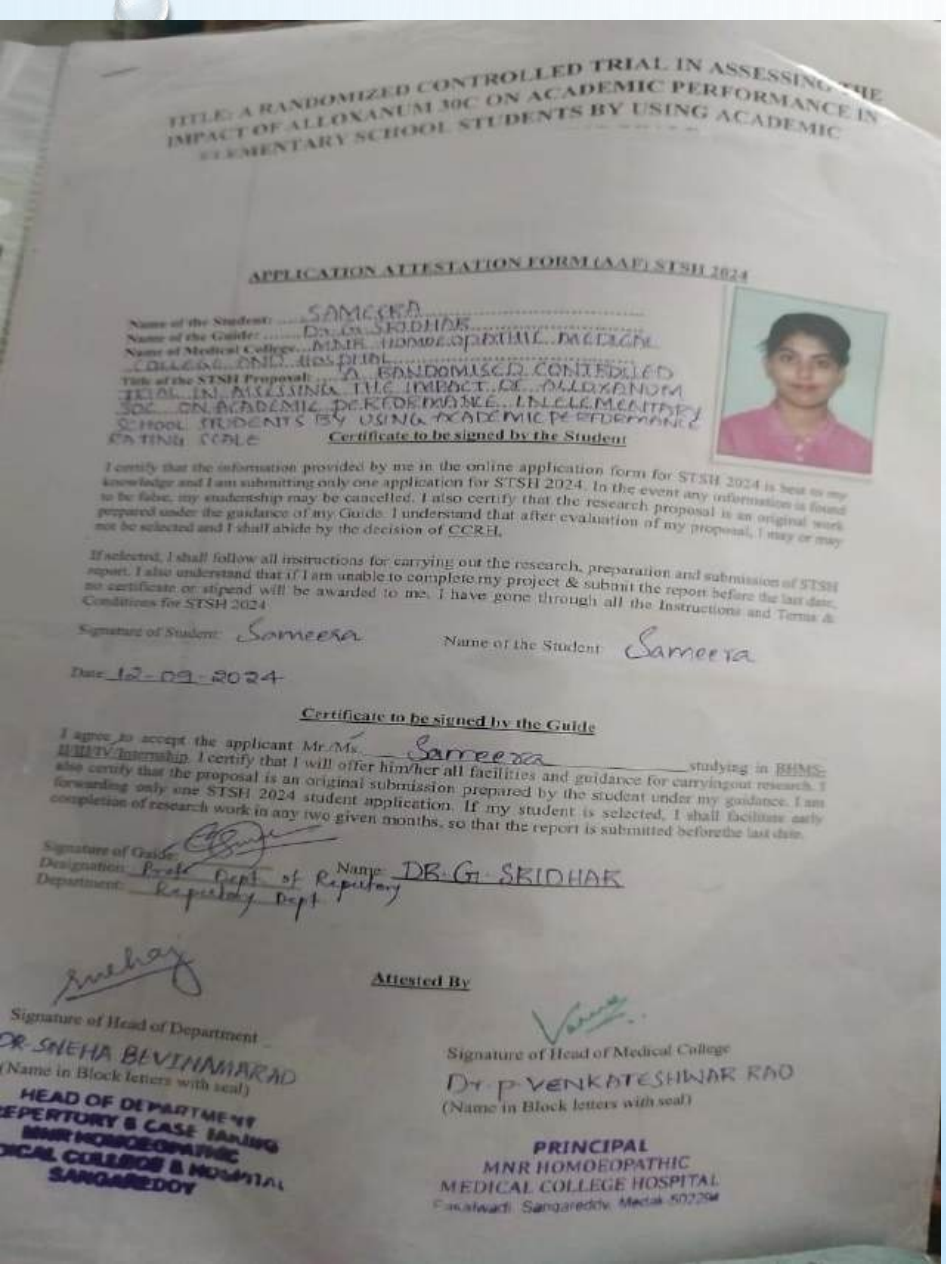
Signature of Head of Medical College
Prof: Dr. MANILAL.S
(Name in Block letters with seal)
DIRECTOR
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
... Sangareddy-502 294

22. TITLE :A Prospective experimental study to investigate the efficacy of Bellis Perennis for the treatment of postpartum constipation

GUIDE : Dr. Raja Satish kumar

STUDENT : Billa Vaishnavi

RESEARCH PROPOSALS TO CCRH(STSH)



TITLE: A RANDOMIZED CONTROLLED TRIAL IN ASSESSING THE IMPACT OF ALLOXANUM 30C ON ACADEMIC PERFORMANCE IN ELEMENTARY SCHOOL STUDENTS BY USING ACADEMIC

APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: SAMEERA
Name of the Guide: Dr. G. SRIDHAR
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A RANDOMISED CONTROLLED TRIAL IN ASSESSING THE IMPACT OF ALLOXANUM 30C ON ACADEMIC PERFORMANCE IN ELEMENTARY SCHOOL STUDENTS BY USING ACADEMIC PERFORMANCE RATING SCALE

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Sameera Name of the Student: Sameera

Date: 12-09-2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. Sameera studying in BHMS-II/III/IV/Internship. I certify that I 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 2024 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:
Designation: Prof. Dept of Repertory
Name: DR. G. SRIDHAR
Department: Repertory Dept

Attested By

Signature of Head of Department
DR. SNEHA BEVINAMARAD
(Name in Block letters with seal)
HEAD OF DEPARTMENT
REPERTORY & CASE TAKING
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
SANGAREDDY

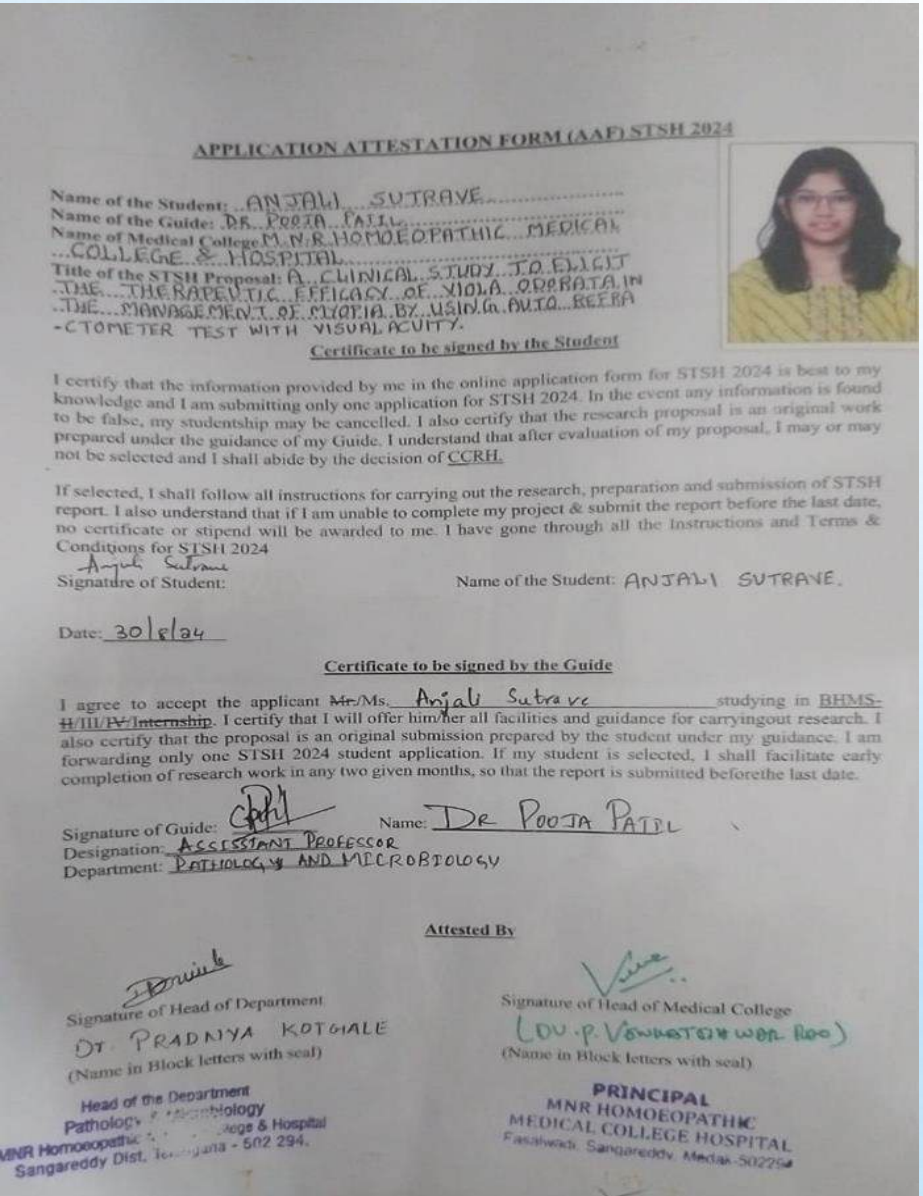
Signature of Head of Medical College
Dr. P. VENKATESHWAR RAO
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Kandlakoya, Sangareddy, Medak-502294

23. TITLE :A randomised controlled trial in assessing the impact of Alloxanum 30C on academic performance in elementary school students by using acdemic performance rating scale

GUIDE : Dr. G Sridhar

STUDENT : Sameera

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: ANJALI SUTRAVE
Name of the Guide: DR. POOJA PATIL
Name of Medical College M.N.R HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
Title of the STSH Proposal: A CLINICAL STUDY TO ELICIT THE THERAPEUTIC EFFICACY OF VIOLA ODORATA IN THE MANAGEMENT OF MYOPIA BY USING AUTO REFRA-CTOMETER TEST WITH VISUAL ACUITY.

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Anjali Sutrave Name of the Student: ANJALI SUTRAVE.

Date: 30/8/24

Certificate to be signed by the Guide

I agree to accept the applicant ~~Mr~~/Ms. Anjali Sutrave studying in BHMS-~~II~~/III/~~IV Internship~~. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: DR POOJA PATIL
Designation: ASSISTANT PROFESSOR
Department: PATHOLOGY AND MICROBIOLOGY

Attested By

Signature of Head of Department
DR PRADNYA KOTGIALE
(Name in Block letters with seal)
Head of the Department
Pathology
MNR Homoeopathic College & Hospital
Sangareddy Dist. Telangana - 502 294.

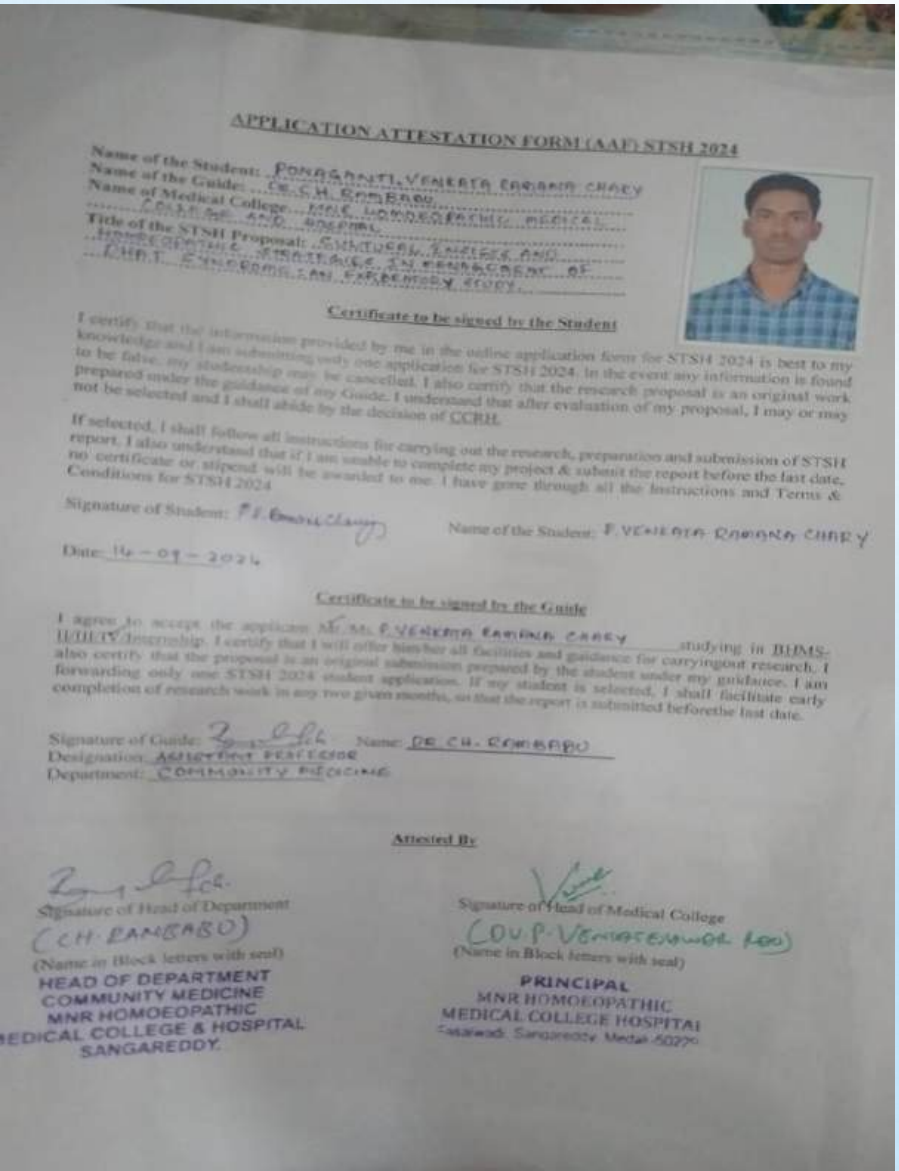
Signature of Head of Medical College
(DR. P. VENKATESHWAR RAO)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Fasalwadi, Sangareddy, Medak-502294

24. TITLE :A clinical study to elicit the therapeutic efficacy of Viola odorata in the management of myopia by using autorefractometer test with visual acuity

GUIDE : Dr. Pooja Patil

STUDENT : Anjali Sutrave

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: PONNAGANTI VENKATA RAMANA CHARY
Name of the Guide: DR. CH. RAMBABU
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: CULTURAL INSIGHTS AND HOMOEOPATHIC STRATEGIES IN MANAGEMENT OF DHAT SYNDROME: AN EXPLORATIVE STUDY

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: P.V. Ramana Chary Name of the Student: P. VENKATA RAMANA CHARY

Date: 16-09-2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. P. VENKATA RAMANA CHARY studying in BHMS-IIIPART-I internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: DR. CH. RAMBABU
Designation: ASSISTANT PROFESSOR
Department: COMMUNITY MEDICINE

Attested By

Signature of Head of Department
(CH. RAMBABU)
(Name in Block letters with seal)
HEAD OF DEPARTMENT
COMMUNITY MEDICINE
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
SANGAREDDY.

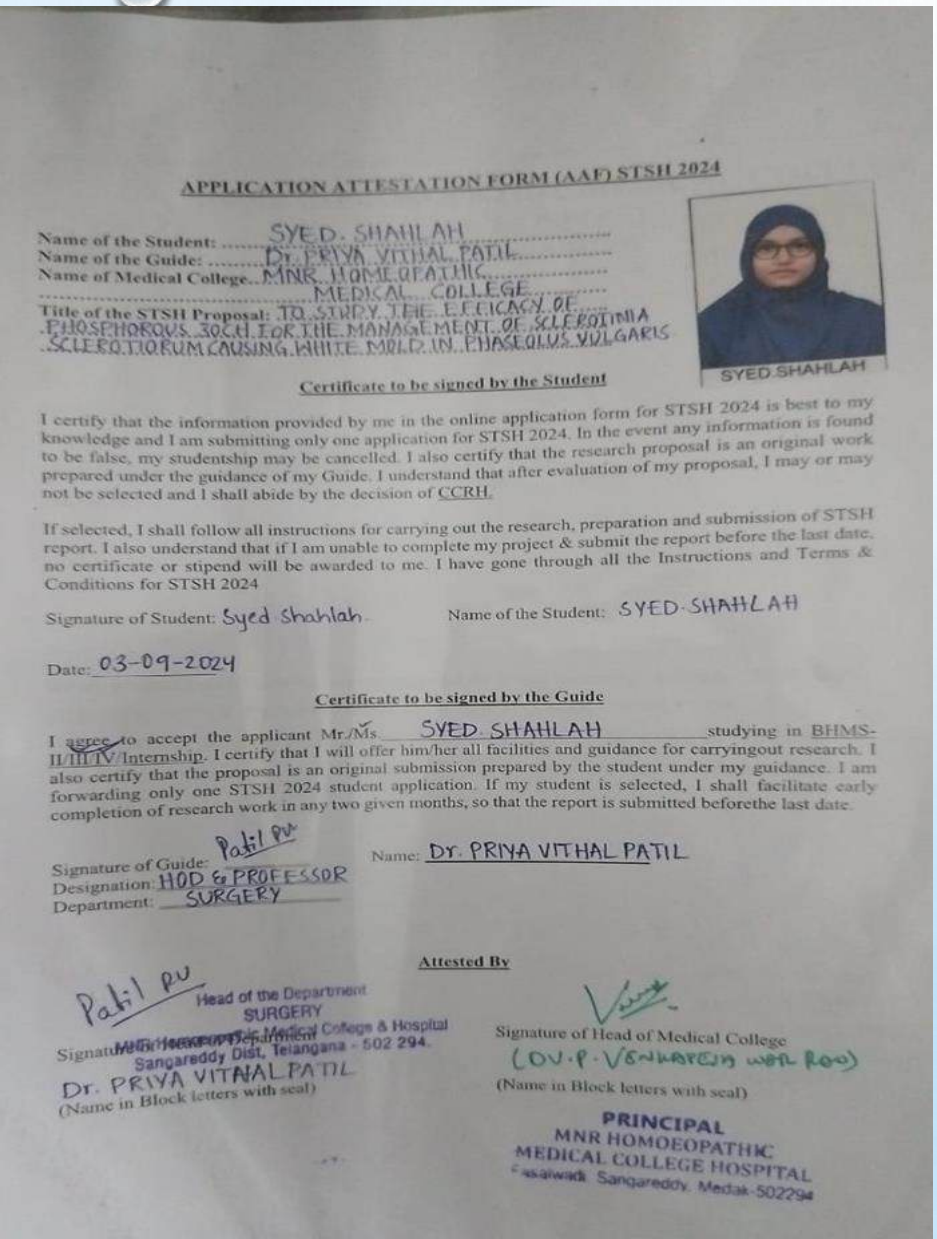
Signature of Head of Medical College
(DR. P. VENKATESWAR RAO)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Kandi, Sangareddy Medak-502

25. TITLE :Cultural insights and Homoeopathic strategies in management of DHAT syndrome: An explorative study

GUIDE : Dr. CH Rambabu

STUDENT : Venkata Ramana Chary

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: SYED. SHAHLAH
Name of the Guide: Dr. PRIYA VITHAL PATIL
Name of Medical College: MNR HOMEOPATHIC MEDICAL COLLEGE
Title of the STSH Proposal: TO STUDY THE EFFICACY OF PHOSPHORUS 30CH FOR THE MANAGEMENT OF SCLEROTINIA SCLEROTIORUM CAUSING WHITE MOLD IN PHASEOLUS VULGARIS

SYED SHAHLAH

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Syed Shahlah Name of the Student: SYED SHAHLAH

Date: 03-09-2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. SYED SHAHLAH studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Patil PV Name: Dr. PRIYA VITHAL PATIL
Designation: HOD & PROFESSOR
Department: SURGERY

Attested By

Patil PV
Head of the Department
SURGERY
Sangareddy Dist, Telangana - 502 294.
Dr. PRIYA VITHAL PATIL
(Name in Block letters with seal)

Signature of Head of Medical College
(DR. P. VENKATESH MBA PhD)
(Name in Block letters with seal)

PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Sangareddy, Medak-502294

26. TITLE :To study the efficacy of Phosphorus 30c for the management of sclerotinia sclerotiorum causing white mould in phaseolusvulgaris

GUIDE : Dr.Priya vithal Patil

STUDENT : Syed Shahlah

RESEARCH PROPOSALS TO CCRH(STSH)

APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: CH THRIVENI
Name of the Guide: Dr MUKESH PUNNA
Name of Medical College: MNR HOMEOPATHIC MEDICAL COLLEGE
Title of the STSH Proposal: AN EXPERIMENTAL STUDY TO DETERMINE BIODYNAMIC ACTION OF LACTICUM ACIDIUM 30CH IN GROWTH OF MENTHA SPICATA

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: ch thriveni Name of the Student: CH THRIVENI

Date: 03-09-2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. CH THRIVENI studying in BHMS-II/III/IV/Internship. I certify that I 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 2024 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 beforethe last date.

Signature of Guide: Name: Dr. MUKESH PUNNA
Designation: ASSISTANT PROFESSOR
Department: SURGERY

Attested By

Head of the Department SURGERY
MNR Homoeopathic Medical College & Hospital Sangareddy Dist, Telangana - 502 294.
Signature of Head of Department
Dr. MUKESH PRIYA VITHAL PATIL
(Name in Block letters with seal)

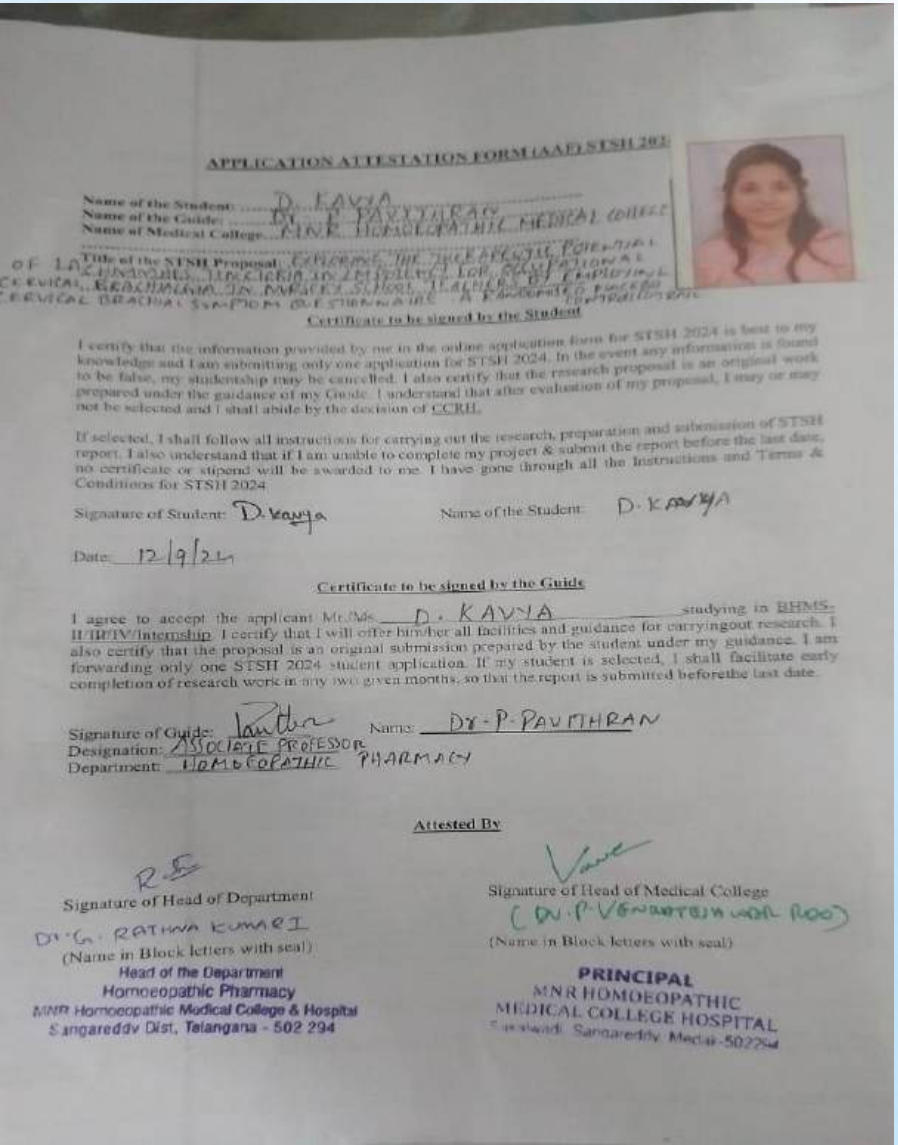
Signature of Head of Medical College
(Dr. P. VENKATESHWER RAO)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

27. TITLE :An experimental study to determine biodynamic action of Lacticum acidium 30c in growth of Menthaspicata

GUIDE : Dr. Mukesh Punna

STUDENT : CH Thriveni

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: D. KAVYA
Name of the Guide: DR. P. PAVITHRAN
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE

Title of the STSH Proposal: EXPLORING THE THERAPEUTIC POTENTIAL OF LACHNANTHES TINCTORIA IN LM POTENCY FOR OCCUPATIONAL CERVICAL BRACHIALGIA IN NURSERY SCHOOL TEACHERS BY EMPLOYING CERVICAL BRACHIAL SYMPTOM QUESTIONNAIRE A RANDOMISED PLACEBO CONTROLLED TRIAL

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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Signature of Student: D. Kavya Name of the Student: D. KAVYA

Date: 12/9/24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. D. KAVYA studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: DR. P. PAVITHRAN
Designation: ASSOCIATE PROFESSOR
Department: HOMOEOPATHIC PHARMACY

Attested By

Signature of Head of Department
Dr. G. RATNA KUMARI
(Name in Block letters with seal)
Head of the Department
Homoeopathic Pharmacy
MNR Homoeopathic Medical College & Hospital
Sangareddy Dist, Telangana - 502 294

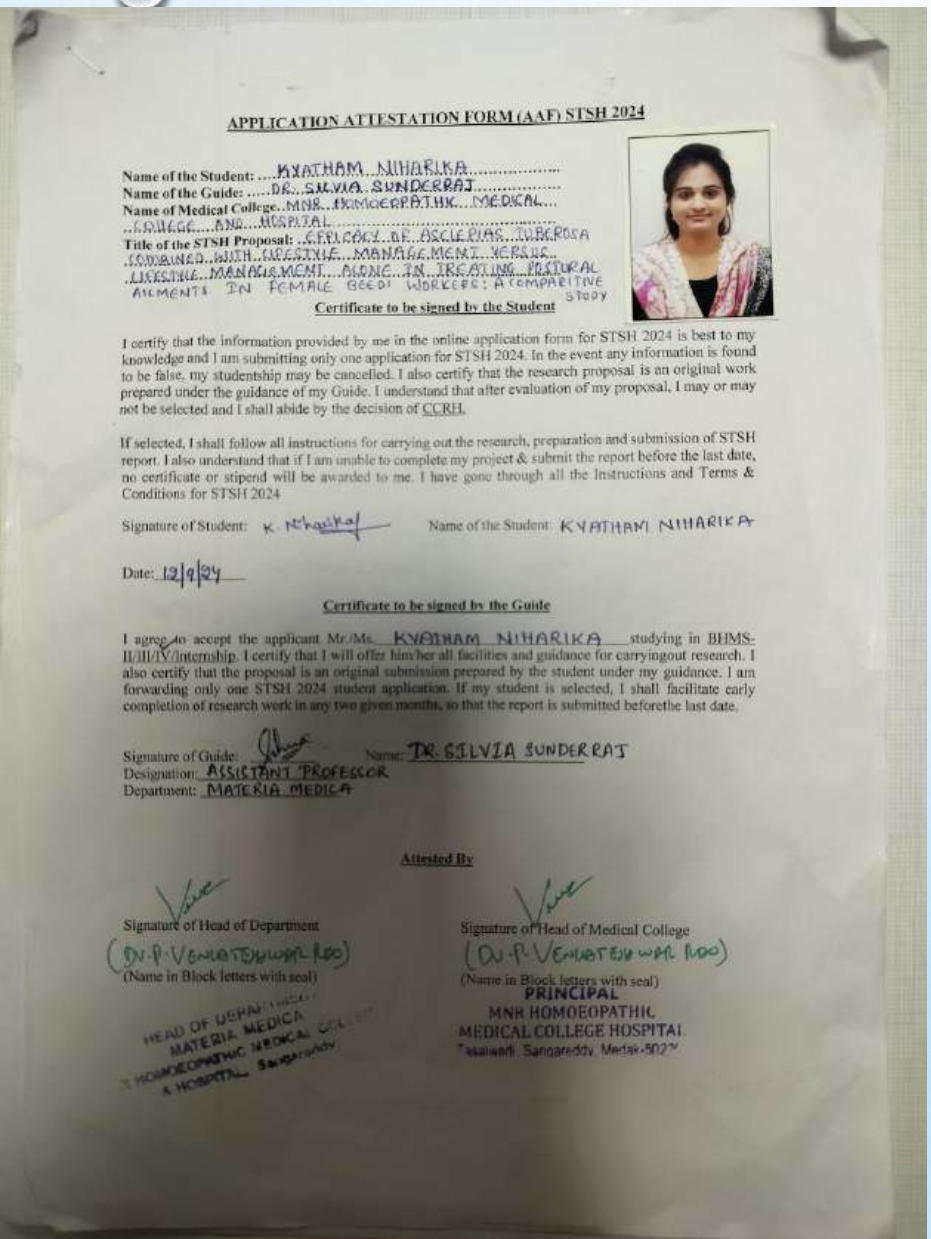
Signature of Head of Medical College
(DR. P. VENKATESWARLOO)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Sangareddy Medak-502294

28. TITLE :Exploring the therapeutic potential of Lachnanthes Tinctoria in LM potency for occupational cervical brachialgia nursery school teachers by employing cervical brachial symptom questionaire A randomised placebo controlled trial

GUIDE : Dr. Pavithran

STUDENT : D Kavya

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: KYATHAM NIHARIKA
Name of the Guide: DR. SILVIA SUNDERRAJ
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: EFFICACY OF ASCLEPIAS TUBEROSA COMBINED WITH LIFESTYLE MANAGEMENT VERSUS LIFESTYLE MANAGEMENT ALONE IN TREATING POSTURAL AILMENTS IN FEMALE BEEDI WORKERS: A COMPARITIVE STUDY

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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Signature of Student: K. Niharika Name of the Student: KYATHAM NIHARIKA

Date: 12/9/24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. KYATHAM NIHARIKA studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: DR. SILVIA SUNDERRAJ
Designation: ASSISTANT PROFESSOR
Department: MATERIA MEDICA

Attested By

Signature of Head of Department
(Dr. P. Venkateshwar Rao)
(Name in Block letters with seal)
HEAD OF DEPARTMENT
MATERIA MEDICA
MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL Sangareddy

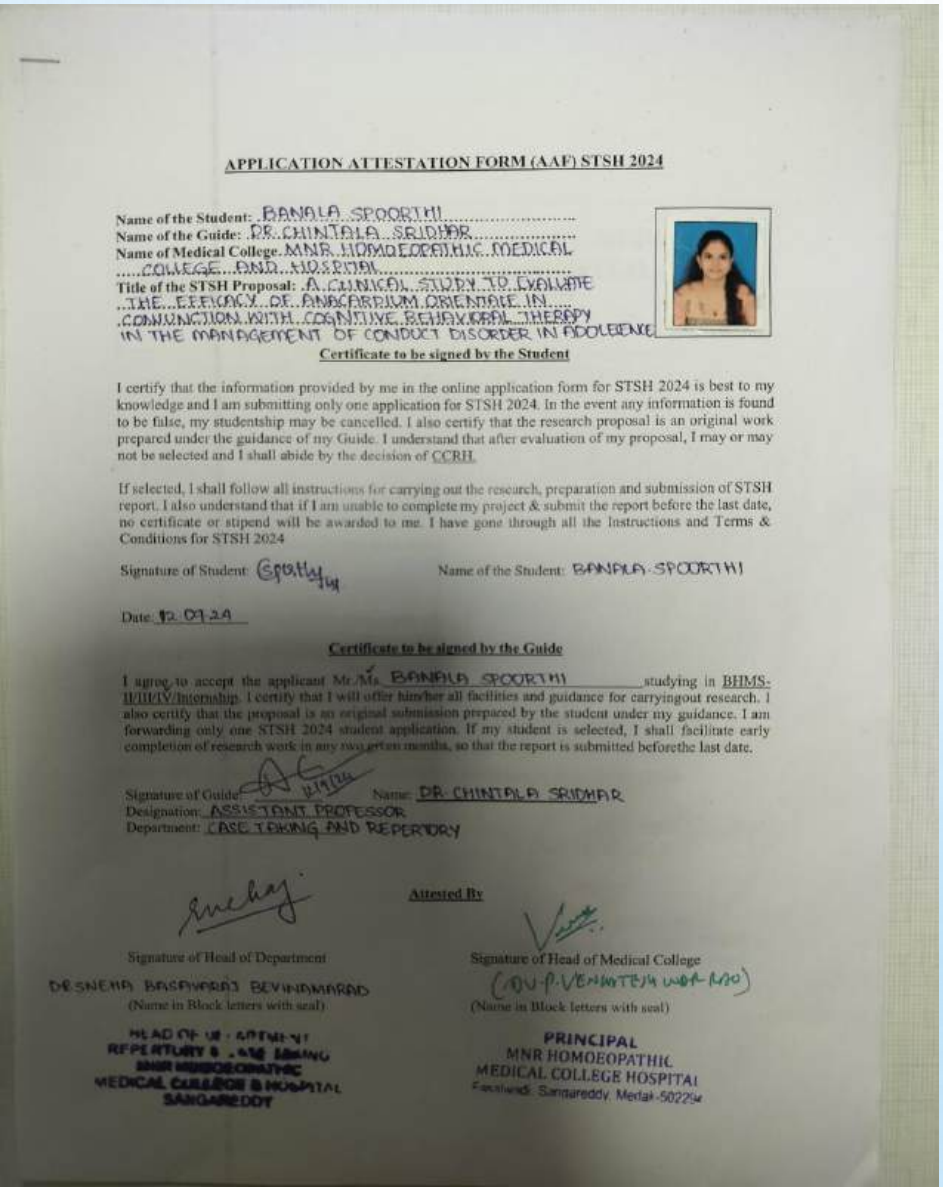
Signature of Head of Medical College
(Dr. P. Venkateshwar Rao)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Tellapur, Sangareddy, Medak-502 32

29. TITLE :Efficacy of Asclepias Tuberosa combined with lifestyle management versus lifestyle management alone in trating postural ailments in female beedi workers

GUIDE : Dr. Silvia Sunderraj

STUDENT : Kyatham Niharika

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: BANALA SPOORTHI
Name of the Guide: DR.CHINTALA SRIDHAR
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A CLINICAL STUDY TO EVALUATE THE EFFICACY OF ANACARDIUM ORIENTALE IN CONJUNCTION WITH COGNITIVE BEHAVIORAL THERAPY IN THE MANAGEMENT OF CONDUCT DISORDER IN ADOLESENCE

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Name of the Student: BANALA SPOORTHI

Date: 12.09.24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. BANALA SPOORTHI studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 student application. If my student is selected, I shall facilitate early completion of research work in any two certain months, so that the report is submitted beforethe last date.

Signature of Guide: Name: DR. CHINTALA SRIDHAR
Designation: ASSISTANT PROFESSOR
Department: CASE TAKING AND REPERTORY

Attested By

Signature of Head of Department
DR SNEHA BASAVARAJ BEVINAMARAD
(Name in Block letters with seal)
HEAD OF THE DEPARTMENT
REPERTORY & CASE TAKING
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
SANGAREDDY

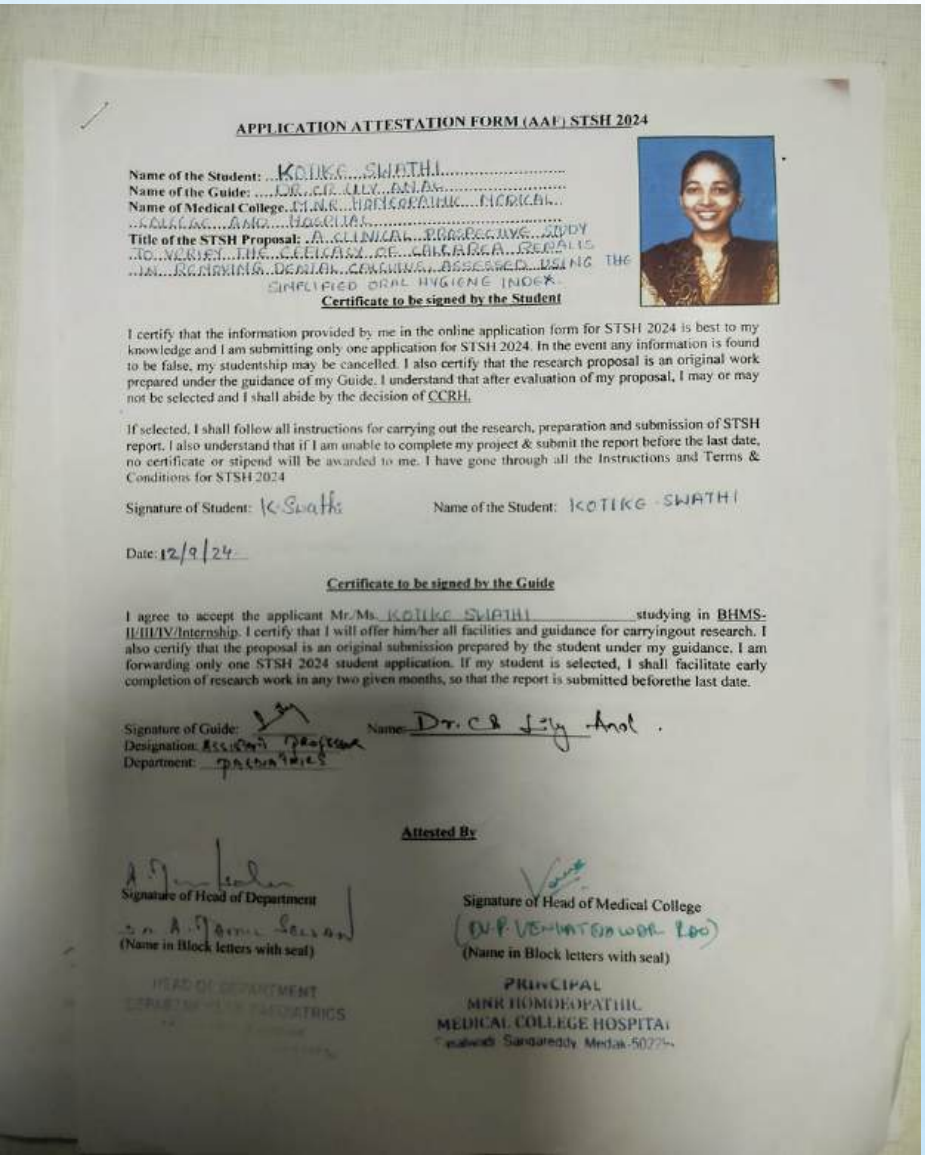
Signature of Head of Medical College
(DR.P.VENKATESH M.D.(HOM))
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Fasalwadi, Sangareddy, Medak-502294

30. TITLE :A clinical study to evaluate the efficacy of Anacardium orientale in conjunction with cognitive behavioral therapy in the management of conduct disorder in adolesence

GUIDE : Dr. Chintala Sridhar

STUDENT : Banala Spoorthi

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: KOTIKE SWATHI

Name of the Guide: DR. CH. LILY ANAL

Name of Medical College: M.N.R. HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL

Title of the STSH Proposal: A CLINICAL PROSPECTIVE STUDY TO VERIFY THE EFFICACY OF CALCAREA RENALIS IN REMOVING DENTAL CALCULUS, ASSESSED USING THE SIMPLIFIED ORAL HYGIENE INDEX

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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Signature of Student: K.Swathi Name of the Student: KOTIKE SWATHI

Date: 12/9/24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. KOTIKE SWATHI studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. CH Lily Anal

Designation: Assistant Professor

Department: Pathology

Attested By

Signature of Head of Department

(Name in Block letters with seal)

Signature of Head of Medical College

(Name in Block letters with seal)

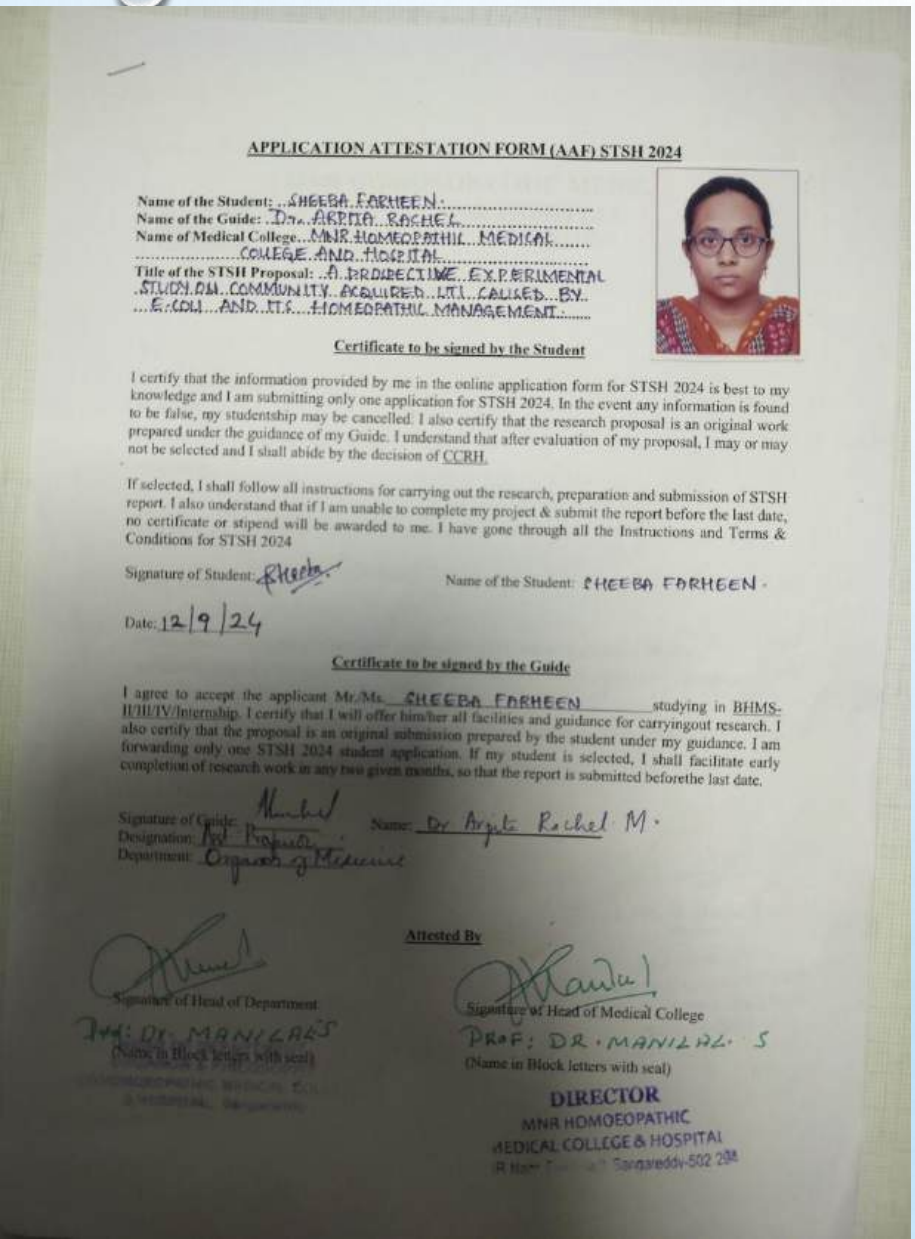
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL

31. TITLE :A clinical prospective study to verify the efficacy of Calcarea Renalis in removing dental calculus, assessed using the simplified oral hygiene index

GUIDE : Dr. CH lily Anal

STUDENT : Kotike Swathi

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: SHEEBA FARHEEN.
Name of the Guide: Dr. ARPITA RACHEL
Name of Medical College: MNR HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A PROSPECTIVE EXPERIMENTAL STUDY ON COMMUNITY ACQUIRED UTI CAUSED BY E.COLI AND ITS HOMEOPATHIC MANAGEMENT.

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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Signature of Student: Sheeba
Name of the Student: SHEEBA FARHEEN.
Date: 12/9/24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. SHEEBA FARHEEN studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide:
Name: Dr Arpita Rachel M.
Designation: Asst Professor
Department: Organon of Medicine

Attested By

Signature of Head of Department
HOD: DR. MANIGALA
(Name in Block letters with seal)

Signature of Head of Medical College
PROF: DR. MANIGAL. S
(Name in Block letters with seal)
DIRECTOR
MNR HOMEOPATHIC
MEDICAL COLLEGE & HOSPITAL

32. TITLE :A Prospective Experimental study on community acquired UTI caused by Ecoli and its Homoeopathic management

GUIDE : Dr. Arpita Rachel

STUDENT : Sheeba Farheen

RESEARCH PROPOSALS TO CCRH(STSH)

APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: Kankati Sri Vaishnavi
Name of the Guide: Dr. M. Surya Kiran
Name of Medical College: MNR Homeopathic Medical College and Hospital, Sangareddy.
Title of the STSH Proposal: A Comparative Study on Anti Hyperlipidemic effect of Feltauri 6x and Cholestrinum 6x

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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Signature of Student: Name of the Student: K. Sri Vaishnavi.

Date: 12/9/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. Kankati Sri Vaishnavi studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Dr. M. SURYA KIRAN
Designation: Assistant Professor.
Department: Paediatrics

Attested By

Signature of Head of Department
Dr. A. Tamil Selvan.
(Name in Block letters with seal)
HEAD OF THE DEPARTMENT
DEPARTMENT OF PAEDIATRICS
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
SANGAREDDY

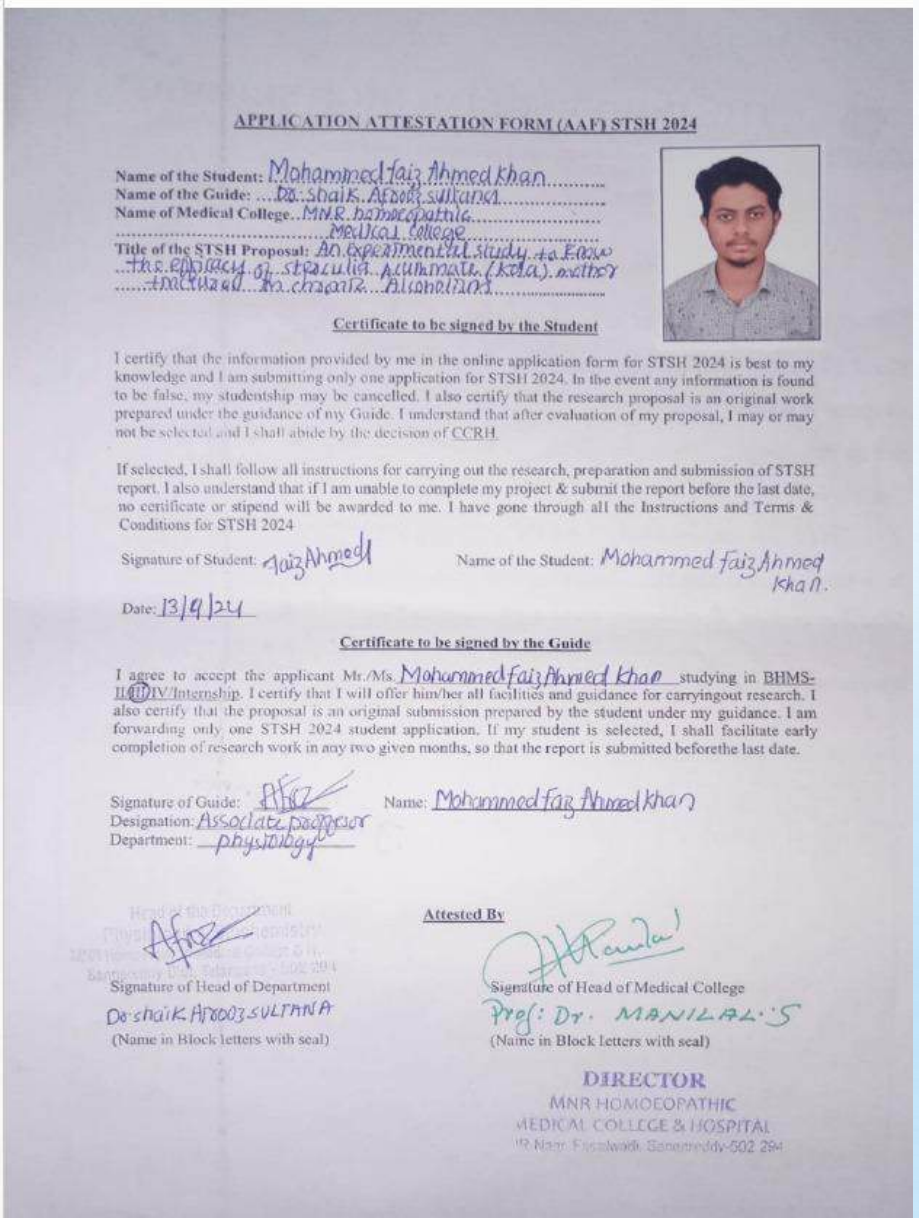
Signature of Head of Medical College
(Dr. P. Venkateshwar Rao)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC
MEDICAL COLLEGE HOSPITAL
Fasalwadi, Sangareddy, Medak-502294

33. TITLE : A comparative study on Anti Hyperlipidemic effect of Feltauri 6x and Cholestrinum 6x

GUIDE : Dr. M Surya Kiran

STUDENT : Kankati Sri Vaishnavi

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: Mohammed Faiz Ahmed Khan
Name of the Guide: Dr. Shaik. Afroz sultana
Name of Medical College: MNR homoeopathic Medical College
Title of the STSH Proposal: An experimental study to know the efficacy of sterculia acummate (kola) mother tincture in chronic Alcoholism

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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 2024

Signature of Student: Faiz Ahmed Name of the Student: Mohammed Faiz Ahmed Khan.

Date: 13/9/24

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. Mohammed Faiz Ahmed Khan studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Name: Mohammed Faiz Ahmed Khan
Designation: Associate professor
Department: physiology

Attested By

Signature of Head of Department
Dr. shaik AFROOZ SULTANA
(Name in Block letters with seal)

Signature of Head of Medical College
Prof: Dr. MANILAL.S
(Name in Block letters with seal)

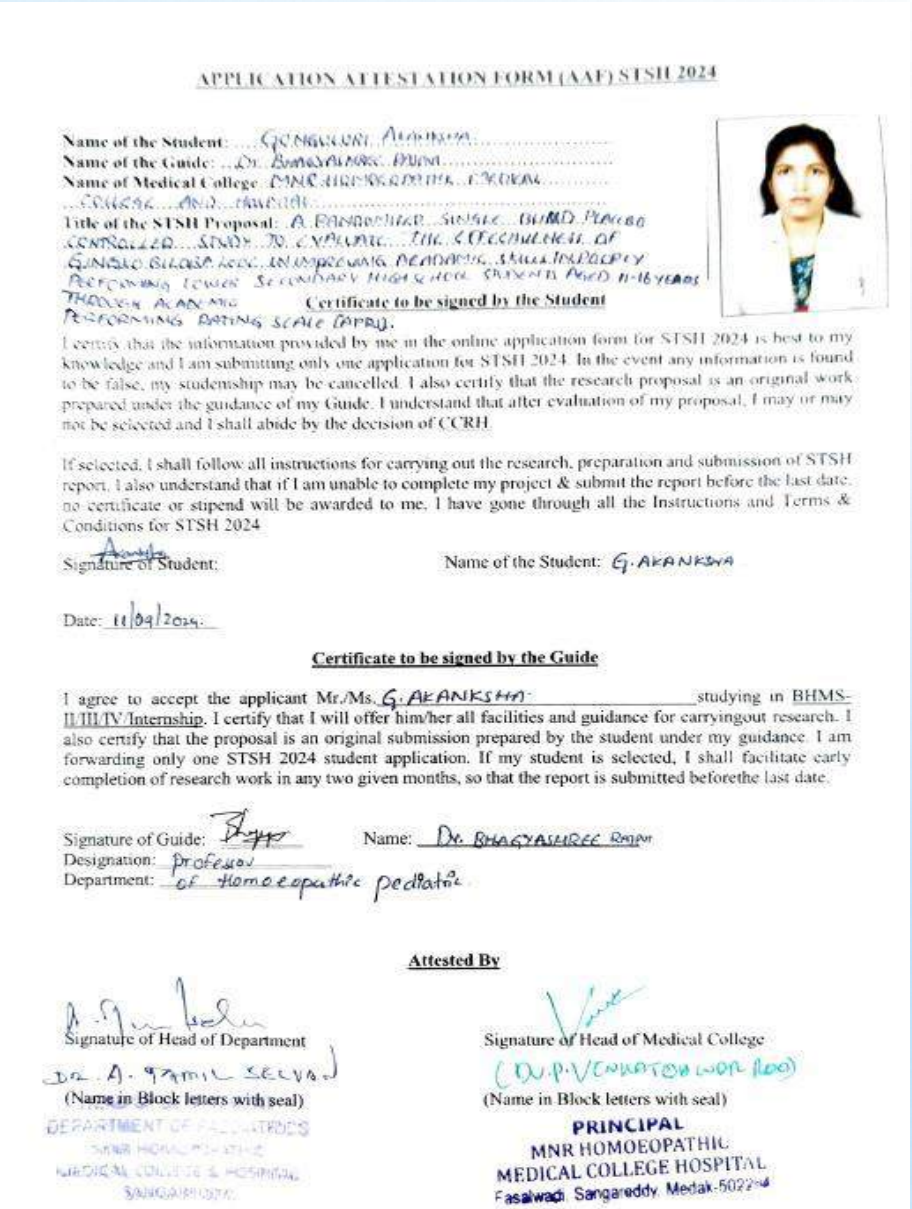
DIRECTOR
MNR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL

34. TITLE : An experimental study to know the efficacy of sterculia acummate (Kola) mothertincture in Chronic alcoholism

GUIDE : Dr. Shaik Afroz Sulthana

STUDENT : Mohd Faiz Ahmed Khan

RESEARCH PROPOSALS TO CCRH(STSH)



APPLICATION ATTESTATION FORM (AAF) STSH 2024

Name of the Student: G. AKANKSHA
Name of the Guide: Dr. BHAGYASREE RAJPUT
Name of Medical College: MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Title of the STSH Proposal: A RANDOMISED SINGLE BLIND PLACEBO CONTROLLED STUDY TO EVALUATE THE EFFECTIVENESS OF GIMBIBO ACCE IN IMPROVING ACADEMIC STRESS INDUCED BY PERFORMING TOWER SECONDARY HIGH SCHOOL STUDENTS AGED 11-16 YEARS THROUGH ACADEMIC PERFORMING RATING SCALE (APRS).

Certificate to be signed by the Student

I certify that the information provided by me in the online application form for STSH 2024 is best to my knowledge and I am submitting only one application for STSH 2024. 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 CCRH.

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Signature of Student: Akanksha Name of the Student: G. AKANKSHA

Date: 11/09/2024

Certificate to be signed by the Guide

I agree to accept the applicant Mr./Ms. G. AKANKSHA studying in BHMS-II/III/IV/Internship. I certify that I will offer him/her all facilities and guidance for carryingout research. I also certify that the proposal is an original submission prepared by the student under my guidance. I am forwarding only one STSH 2024 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 beforethe last date.

Signature of Guide: Bhagyasree Name: Dr. BHAGYASHREE RAJPUT
Designation: Professor
Department: of Homoeopathic pediatrics

Attested By

Signature of Head of Department
Dr. A. YAMINI SELVA
(Name in Block letters with seal)
DEPARTMENT OF PAEDIATRICS
MNR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL SANGAREDDY

Signature of Head of Medical College
(Dr. P. VENKATESWARLOO)
(Name in Block letters with seal)
PRINCIPAL
MNR HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL
Fasalwadi, Sangareddy, Medak-502294

35. TITLE : A Randomised single blind placebo controlled study to evaluate the effectiveness of Gimbibo in improving academic stress

GUIDE : Dr. Bhagyasree Rajput

STUDENT : G. Akanksha

Thank You