

**2nd Floor, AU Engineering College Main Block, Andhra University,   
Visakhapatnam – 530003, Andhra Pradesh, INDIA**

**UNDERTAKING FORM**



I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Son/Daughter/Wife of Shri. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to undertake the following, if I am offered Post-Doctoral Fellowship at IIPE.

1. I shall abide by the rules and regulations of IIPE during the entire tenure of the fellowship.

2. I shall devote full time to research/academic work during the tenure of the fellowship

3. I shall prepare the progress report at the end of 6 months and communicate to Dean (R&D) office.

4. I shall not be entitled for any terminal benefit after completion of the fellowship term.

5. I further state that I shall have no claim whatsoever for regular/permanent absorption on expiry of the fellowship.

(Signature)

Date:

Place: