



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: