

UNDERTAKING FOR INSTITUTE RESEARCH SCHOLARSHIP (IRS)

I, Mr. / Ms		Roll No		,
Department	he	reby undert	take that if I lea	ave the Ph.D.
programme in between without co	empletion of the degree requ	irements, I	shall make full	refund of the
received scholarship amount.				
Signature of the Student:			_	
Date:			<u> </u>	
Place:				