**PROFORMA**

**Appendix-1**

**Undertaking Certificate for the Nominee**

1. I, [Name] certify that I will be availing---------------and implementing it at [Institute name].
2. I am not availing of any other fellowship.
3. If I am granted any other fellowship during my --------- tenure, I will avail myself of only one fellowship at a time. I will surrender the other fellowship with intimation to the respective funding agency.

Signature of the Fellow

Date…………………………….

Place……………………………

**Forwarded through host institute:**

1. Certified that the University/Institute welcomes the participation of Dr./Prof. [Name] as -----------.
2. Certified that necessary R&D, administrative and financial support will be extended to him/her for research as per the terms and conditions of the grant throughout the duration of the fellowship.
3. Dr./Prof. [Name] is not availing of any other fellowship.

The above facts have been verified and found to be correct.

Signature of the Head of the Institute/University with seal

Date…………………………….

Place……………………………