

**UNDERTAKING BY A RESEARCH FELLOW/ ASSOCIATE ON ACCEPTANCE OF THE AWARD OF RESEARCH FELLOWSHIP/ ASSOCIATESHIP**

I ..... Son/Daughter/Wife of Shri ..... resident of ..... have been awarded the Junior/Senior Research Fellowship/SRF-Extended/SPM Fellow/Research Associateship/CSIR-Nehru PDF of the Council of Scientific & Industrial Research (hereinafter called Council). I accept the award and undertake that:

- I. During the entire tenure of the Fellowship/Associateship, I shall abide by the rules and regulations of the Council. Any change in rules and regulations by the Council in future will be applicable to me.
- II. I shall devote full time to research during the tenure of Fellowship/Associateship except as provided in the rules.
- III. I shall obtain the approval of the Council before accepting any award or allowance, if offered to me during the tenure of Fellowship/Associateship.
- IV. I shall prepare the progress report of my work of at the end of each year and communicate it to the Council through the Guide / Supervisor / Faculty Member.
- V. I shall send two copies of a detailed consolidated report of research work through the Supervisor on termination of the Fellowship / Associateship.
- VI. I also hereby declare that if the results of research are such that can be exploited commercially by taking a patent or otherwise commercial exploitation and patent rights will be decided/governed as per the rules for Fellowships/Associateships on Patents available on [www.csirhrdg.res.in](http://www.csirhrdg.res.in).
- VII. I have gone through CSIR Terms & Conditions & have clearly understood that the fellowship is for a fixed period / tenure of 2/3/4 Years for JRF/SRF i.e. a total of 5 Years for JRF+SRF and for Research Associates, initially for a period of one year, extendable on yearly basis at the discretion of CSIR upto a maximum of three years. For SRF-Extended, the tenure is one year only. For CSIRNehru PDF, the tenure is 2 years whereas the tenure for SPM Fellow is 5 years.
- VIII. **I further understand clearly that I shall have no claim whatsoever for regular / permanent absorption on expiry of Fellowship / Associateship.**

**PHOTOGRAPH  
DULY ATTESTED BY  
SUPERVISOR  
TO BE AFFIXED**

Signature of the Research Fellow/Associate with date

Name of Supervisor/guide:

Email address of Supervisor/guide:

Signature of Supervisor/guide:  
with Official Seal & Date

I report myself on duty as Junior / Senior Research Fellow / SRF-Extended/ SPM Fellow/Research Associate/CSIR-Nehru PDF in the Forenoon/Afternoon of ..... (Date) at .....(Name of Department) of .....(Name of University / Institute / College). **In JRF/SPMF cases, date of joining will be the date of issue of JRF (NET) certificate or effective date of fellowship or actual date of joining whichever is later. Without receiving NET certificate from Examination Unit, the candidate cannot join and the joining report in such cases will not be accepted.**

Signature of the Research Fellow/Associate with date

Signature of the Head of the Deptt. /  
Dean of the Faculty/Registrar  
With Official Seal & Date

### **Declaration by the Research Fellow/Associate**

I, Shri/Mrs/Kumari/Dr ..... declare as under:

1. That as a recipient of the Council's Fellowship/Associateship, I shall be governed by the disciplinary regulations of the host institute where I have proposed to avail the CSIR fellowship/associateship for pursuing my doctoral/postdoctoral research work.
2. That I have never been punished or debarred from government (central/state), autonomous organization and CSIR service.
3. That my fellowship will be liable to cancellation for any kind of misconduct.

{ Signature of the Research Fellow/Associate }

Roll No. \_\_\_\_\_  
Date of Exam \_\_\_\_\_

ATTESTATION

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(Name of the Candidate)

I recommend the candidate for the award of Junior Research Fellowship and undertake to guide him/her on:

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(Please indicate topic)

For the duration of fellowship in case he/she is awarded the Fellowship by CSIR. Necessary facilities for research on the problem are available in the Institution. I also certify that I am authorized to guide Research Fellows under the University Rules. I have personally verified the concern degree, marks sheets and other relevant testimonials, which have been enclosed herewith by the candidates with reference to their original.

Signature      Name      and  
Designation of Guide with  
Name of the Univ./Instt.

Date \_\_\_\_\_

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Necessary facilities are available and will be provided to the applicant for research during the tenure of Fellowship in case of his/her selection. The candidate will be allowed to join the Fellowship immediately on receiving the award and registered in the University for higher degree.

Signature & Name of Head of  
the Department/Institution  
with seal

Date \_\_\_\_\_

1. Topic of Research:

2. Board/Area of Research:

<u>Subject</u>	<u>Code No.</u>	<u>Subject</u>	<u>Code No.</u>
Physics	01	Biophysics	11
Pure Mathematics	02	Medical & Allied Sciences	12
Applied Mathematics	03	Botany	13
Statistics & Operational Res.	04	Zoology	14
Analytical Chemistry	05	Geology	15
Applied/Industrial Chem.	06	Geophysics	16
Inorganic Chemistry	07	Geochemistry	17
Physical Chemistry	08	Meteorology & Oceanography	18
Organic Chemistry	09	Engineering & Tech.	19
Biochemistry	10	Others	20

\*\*Subject Code number may be ticked/encircled.

3. The proposed work indicating overall aim of the research and how it is to be progressed may be described briefly (in the space provided below)

## **UNDERTAKING**

This is to state that I, \_\_\_\_\_  
(name) have joined as CSIR JRF (NET)/SRF (Direct)/RA/SPMF/JRF (GATE) at  
\_\_\_\_\_ (name of the  
University/Institute/College) with effect from \_\_\_\_\_ (date of  
joining) under the supervision of \_\_\_\_\_ (name  
and designation of the Guide/Research Supervisor).

I hereby declare that I am solely receiving the aforementioned fellowship from CSIR and that I am not receiving fellowship/scholarship etc. from any other organization, department, or source at the same time. I guarantee that I will not accept a fellowship, emoluments, or remuneration from any other source, department, or agency until I am still receiving the CSIR fellowship. I must promptly return any fellowship I received from CSIR to CSIR if it is discovered at any stage that I was receiving fellowship, benefits, or remuneration from sources other than CSIR while I was receiving my fellowship. I am also aware that any such behavior will result in the cancellation of my fellowship and any other appropriate measures decided upon by the authorities.

Signature:

Name:

File Number:

Date:

Place:

**DECLARATION TO BE FILED BY THE FELLOW AND TO BE CERTIFIED BY**  
**AUTHORISED SIGNATORY OF THE GRANTEE INSTITUTION**

**Part.II 1. Details of Beneficiary (Individual Fellows)**

- a) Name of Beneficiary (Fellow)
- b) Nature of Fellowship (JRF/SPMF/SRF/RA/SRA/CSIR-Nehru-PDF)
- c) CSIR Sanction No./ File no.
- d) Gender (M/F)
- e) Category : GEN/SC/ST/OBC/PWD/PH
- f) Aadhaar No.
- g) Subject area/ Specialisation
- h) Date of joining (as JRF/SPFM/SRF/RA/SRA/CSIR-Nehru-PDF)
- i) Email ID of Fellow
- j) Mobile No. of Fellow

Signature of Beneficiary (Fellow)

\_\_\_\_\_

Date:

Place:

Verified by

**Stamp of Institution**

**(VC/Principal/Registrar/ FAO)**  
**(of the concerned Grantee-Institution)**

**Encl: Duly filled-in and certified Electronic Clearing Service Mandate (Fellow)**

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENT**

**A. DETAILS OF ACCOUNT HOLDER-**

Name of account holder	
Complete contact address	
Telephone no / email	

**B. BANK ACCOUNT DETAILS-**

Bank name	
Branch name with complete address, telephone number and email	
Whether branch is computerized?	
Whether the branch is RTGS enabled? If yes, provide IFSC code of branch	
Is branch also NEFT enabled?	
Type of bank A/c (SB/current/cc)	
Complete bank A/c number (new)	
Is this account Aadhaar seeded? If yes, please provide Aadhaar number	

**C. DATE OF EFFECT –**

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed, or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

\_\_\_\_\_  
(Signature of customer)

Place:

Date:

**Certified that the particulars furnished above are correct as per our records**

\_\_\_\_\_  
(Bank Stamp)

\_\_\_\_\_  
(Signature of authorized official from the Bank)

Date:

1. Please attach a photocopy of cheque along with the verification obtained from the Bank
2. In case your Bank branch is presently not “RTGS enabled”, then upon its up-gradation to “RTGS enabled” branch, please submit the information again in the above proforma to the Department at the earliest.