



## CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of AYUSH, Government of India  
No.61-65, Institutional Area, Opp. 'D' Block  
Janakpuri, New Delhi-110058

Websites: [www.ccras.nic.in](http://www.ccras.nic.in)

### ANNEXURE - III : UNDERTAKING

#### By the Research Fellow on acceptance of CCRAS Post Doctoral Fellowship

I .....  
Son/ Daughter/ Wife of Shri .....  
resident of ..... have  
been awarded the POST DOCTORAL FELLOWSHIP of CCRAS. I  
accept the award and undertake that:

**Recent Colored  
Photograph  
duly attested by  
Mentor to be  
affixed**

- I. During the entire tenure of the Fellowship, 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 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 the Fellowship.
- IV. I shall prepare the progress report of my work at the end of each year and communicate it to the Council through the Mentor.
- V. I shall submit two copies of the detailed consolidated report of research work to CCRAS through the Mentor on termination of the Fellowship.
- 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 on Patents available on the website of CCRAS ([www.ccras.nic.in](http://www.ccras.nic.in)).
- VII. I have gone through the Terms & Conditions of CCRAS PDF Scheme and have clearly

understood that the fellowship is for a fixed period / tenure of maximum 2 Years and extendable for maximum one more year based on outstanding performance and recommendation from the Director General, CCRAS and the Mentor of University/Institution/lab where working.

- VIII. **I further understand clearly that I shall have no claim whatsoever for regular / permanent absorption on expiry of Fellowship.**
- IX. **I also understand clearly and accept the conditions (clause 12 & 13 of the Scheme) that if I leave the research work either before submission of detailed progress/annual report of the research work or before completion of tenure of fellowship, I shall have to refund the fellowship amount received so far to the Council concerned within 6 months.**

**Signature of the Post Doctoral Fellow with date**

**Name of Mentor:**

**Contact No.:**

**Email address:**

**Signature of Mentor:  
with Official Seal & Date**

I report myself on duty as Senior Research Fellow in the Forenoon/Afternoon of ..... (Date) at .....  
(Name of Department) of ..... (Name of University / Institute /Lab).

**Signature of the Post Doctoral Fellow with date**

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

**Declaration by the Post Doctoral Fellow of CCRAS PDF**

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

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

(Signature of the Research Fellow)