

Undertaking

I.....(Name of the Research Scholar)
R/o.....hereby solemnly declare as under that:

1. I am registered for Ph.D/MPhil under the supervision of.....(name of the research supervisor) in the School/Discipline.....and my Ph.D/M.Phil Registration No. isdated.....
2. I accept the award of Dr. Babasaheb Bhimrao Ambedkar Fellowship (BSBRAAF)/Savitribai Phule Fellowship (SPF) under the broad umbrella of IGNOU Research Fellowship Scheme (IGNOU-RF).
3. I accept and abide by all the terms and conditions prescribed by the IGNOU for availing IGNOU-RF.
4. I am not availing any financial assistance from any source during the tenure of IGNOU-RF.
5. I am not engaged in any sort of employment during the tenure of IGNOU-RF.
6. I will submit my progress report of Ph.D/M.Phil programme on time with intimation to the Research Unit, IGNOU.
7. I will assist the School/Discipline concerned in its academic work for a minimum of 5 hours a week.
8. I will fulfill the required attendance for M.Phil/Ph.D Programme as per the rules prescribed by the IGNOU.
9. I will immediately inform the Research Unit, IGNOU if there is any change in my contact details like correspondence address, cell/phone number, e-mail id etc.
10. I will submit my Ph.D/M.Phil thesis within the prescribed time.
11. I shall not claim for up-gradation of my MPhil admission to PhD programme under integrated mode.
12. My thesis shall include a due acknowledgement to the Indira Gandhi National Open University (IGNOU) for providing me a financial support in the form of award of Dr. Babasaheb Bhimrao Ambedkar Fellowship (BSBRAAF)/Savitribai Phule Fellowship (SPF) under IGNOU-Research Fellowship Scheme (IGNOU-RF).
13. if I fail to abide by any of the above/terms and conditions and if found indulged in any in-disciplinary activities during my tenure of IGNOU-RF or in the event of any wrong information/concealment of facts from my end, I agree that the university reserves all right to take action as deemed fit.

(Strike out the columns which are not applicable)

Date:
Place:

Signature of the research scholar
Cell No: _____
Email : _____