**Endorsement Certificate from the Mentor**

This is to certify that:

1. The applicant, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has prepared the proposal titled, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in consultation with me.

1. I, as a mentor will provide basic infrastructure and other required facilities to the fellow for undertaking the research objectives.
2. I, as a mentor, undertake the financial and other management responsibilities of the fellow and settle the financial accounts to the SRC Office, IITH, within a month from the date of termination of the Fellowship.
3. IITH will not have any administrative or other liability at the end of the Fellowship.

**Dated:**

**Signature of the Mentor:**

**Name & Designation:**

**Undertaking by the Applicant**

I, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify the following:

(i) I have prepared the proposal titled, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in consultation with the mentor and the proposal submitted for consideration of IITH-IPDF is original idea and has not been copied/taken verbatim from anyone or from any other sources.

(ii) This is to further certify that this proposal has been checked for plagiarism through a plagiarism detection tool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the contents are original and not copied/taken from any one or many other sources. If IITH notices any plagiarism or any other discrepancies in the above proposal of mine, I would abide by whatsoever action taken against me by IITH, as deemed necessary.

(iii) I, as an applicant will assume full responsibility for implementing the project.

(iv) I, as an applicant, if selected as IITH-IPDF, will be governed by the rules and regulations of the Institute and will be under administrative control of the Institute for the duration of the Fellowship.

**Date:**

**Signature of the Applicant:**

**Name of the Applicant:**