



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

ANNEXURE - I: UNDERTAKING/ACCEPTANCE

By the MD/MS Scholar on acceptance of PG-STAR

I
Son/Daughter/Wife of Shri
resident of have
been awarded the PG-STAR of CCRAS. I accept the award and
undertake that:

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

- I. During the entire tenure of the Scholarship, 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 Scholarship
- III. I shall obtain the approval of the Council before accepting any award or allowance, if offered to me during the tenure of the Scholarship.
- IV. I shall prepare the progress report of my work every six months 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 Scholarship.
- 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 Scholarships on Patents available on the website of CCRAS (www.ccras.nic.in).
- VII. I have gone through the Terms & Conditions of CCRAS PG-STAR Scheme and have clearly understood that the scholarship is for a fixed period / tenure of maximum 2 Years or till the completion of the project.
- VIII. I further understand clearly that I shall have no claim whatsoever for regular / permanent absorption on expiry of Scholarship.

IX. I also understand clearly and accept the conditions 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 scholarship, I shall have to refund the scholarship amount received so far to the Council concerned within 6 months.

Signature of the Scholar with date

Name of Mentor/Guide:

Contact No.:

Email address:

Signature of the Head of the Deptt. / Dean of the Faculty/Registrar

With Official Seal & Date