**DECLARATION AND ATTESTATION**

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| 1. I/We have read the terms and conditions for HRD Scheme of D/O Health Research. I/ we also undertake that I/ We will fulfill the eligibility criteria and will comply with the terms & conditions of the fellowship applied under the HRD scheme of DHR. All necessary Institutional facilities will be provided if the fellowship is approved for financial assistance. 2. The mentor has capabilities and all necessary facilities in his/her lab to carry out the proposed work. 3. I/We agree to submit within one month from the date of completion of the training the final report. 4. I/We agree to submit audited statement of accounts duly audited by the auditors as stipulated by the DHR/ICMR. 5. I/We agree to submit (online) all the raw data (along with descriptions) generated from the training to the ICMR/DHR Data Repository within one month from the date of completion /termination of the project.   Signature of the:  a) Fellow\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  b) Mentor /Co-Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c) Head of the Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of the Head of the Institution with seal | |
| Date: |  |

Adequate information must be furnished in a brief but self-contained manner.