

**DEPARTMENT OF HEALTH RESEARCH  
HUMAN RESOURCE DEVELOPMENT SCHEME FOR HEALTH RESEARCH**

**UNDERTAKING FORM (MD/MS/DM/MCh/DNB/DRNB/MDS-THESIS SUPPORT)**

I, .....Post-Graduate Resident from Department of  
.....,working for the  
MD/MS/DM/MCh/DNB/DrNB/MDS thesis (✓ tick appropriate), entitled as .....  
.....under the  
supervision of (Guide's name, designation & college name) .....

1. I, submit this undertaking to the effect that if selected, the grant received (to be released in two installments i.e. 1st= Rs. 25,000/- and 2nd and final=Rs. 75,000/-) from the DHR will be used strictly for the purpose of thesis support for which it has been released.
2. If I leave the Program in between the tenure, then the whole amount will be remitted to the DHR with suitable justifications.
3. I shall be providing the summary of the thesis; thesis submission letter issued by the complete authority of the host college along with the original research publication copy as first author in a PubMed/JCR indexed journal, from the thesis research work to DHR, New Delhi.
4. The duration of this fellowship is valid only for a period of three years from the date of issue of Award letter by DHR.
5. First installment of Rs. 25,000/- will be released after selection and submitting required documents as per existing guidelines, and the 2nd installment of Rs. 75,000/- will be released only after I submit the copy of publication and thesis summary with thesis submission letter issued by the competent authority of the host college/institution.
6. DHR will be acknowledged in the thesis and the research publications from the thesis work.
7. The proposal has been thoroughly checked and verified by the Guide and Competent Authority of the Host Institute/Medical/Dental College.
8. I hereby understand that for an unbiased and blinded review, the proposal does not include any of my personal information (Name/mobile/phone number/department/college name) or details of my Guide and the Institute/University/Medical College. If personal details, as mentioned above are found in the proposal then the application will be rejected
9. I will abide by all the DHR rules and guidelines for the said Program.

Fellow name: \_\_\_\_\_

Fellow Signature: \_\_\_\_\_

Guide name with designation  
Signature and Seal

Name of Head of the Institute  
Signature and Seal