



राष्ट्रीय प्रौद्योगिकी संस्थान - आंध्र प्रदेश

NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

TADEPALLIGUDEM – 534102, WEST GODAVARI DIST., ANDHRA PRADESH, INDIA.

UNDERTAKING TO BE EXECUTED BY THE Ph.D. SCHOLARS FOR AWARD OF SCHOLARSHIP

Form: NITAP/ACAD/Ph.D./4

(Forwarded through HoD)

(FOR REGULAR CANDIDATE ONLY)

To
The Dean Academic Affairs
NIT Andhra Pradesh

I _____, son/daughter/wife of Shri _____

residing at _____ admitted to the Ph.D. programme on _____

in the department _____ during the academic session

_____. I am thankful to the institute for awarding me the Institute scholarship of Rs.

_____ per month for Ph.D. in Engineering/ Technology / Science for the academic year _____

and I hereby undertake that,

1. I am not selected for any regular appointment/service and I am registering for the Ph.D. programmes of the institute with the intention of completing the same.
2. I am not and will not be in receipt of any salary or other financial benefits from any sources, except the MHRD/Institute Scholarship during the period of my study at the Institute.
3. I will obtain prior permission of the institute for appearing in any examination conducted by other Institutions/ Universities/ Public bodies.
4. I will not apply for or accept any job without obtaining prior permission of the Institute.



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5. I will undertake to do 8 hours of work per week related to teaching activities of the department such as laboratory demonstration work, tutorials, evaluation of test papers, seminars, symposia, etc. and in the academic research projects of the faculty members of the department as assigned to me by the Head of the department.

6. I understand that the continuation of the award of assistantship for each semester is contingent on: (1) my satisfactory performance during the preceding semester(s) in the discharge of my responsibilities in teaching and research assignments. (2) my satisfactory academic performance and progress during the preceding semester in my registered degree programme as assessed by the doctoral committee, according to the procedure as laid down by the Senate.

7. I also understand that the Award will be terminated at any time if my performance in the duties or the progress in my research work is judged to be unsatisfactory.

8. I understand that that I am eligible for regular i) casual leave of 15 days and (ii) medical leave of 15 days, in a year counting from the date of joining the program. Any leave not availed of shall not accumulate.. Absence without obtaining prior sanction of leave will be considered as an indiscipline and shall entail reduction of scholarship on a pro rata basis, besides any other action that may be decided by the Institute.

9. I also agree to undertake to abide and be bound by all and each of the terms of the existing rules and conditions governing the award of the Institute Scholarship subject to the modifications, alterations, amendments and additions as may be made to them from time to time.

10. I am fully aware of the rules & regulations governing the Ph.D. programme at NIT Andhra Pradesh. I also agree to undertake that I shall follow the rules and regulations as prescribed and as amended from time to time by the Senate with respect to the Ph.D. programme of the Institute.

11. I hereby agree and undertake that I will not apply for or obtain or cause or permit any other person to apply for or obtain a patent for an invention based on the research work except with the written permission of the Director of National Institute of Technology, Andhra Pradesh.

12. I have already deposited the first installment of fees of Rs. _____ vide receipt No. _____ dated _____ and commenced attending programme from _____ F.N.

Signature of the Scholar

Name of the Scholar