*(To be given on Rs.100 non-judicial stamp paper)*

AGREEMENT

1. Prof./ Dr./ Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby accept the sanction of Senior/ Post-Doctoral/ National Fellowship to work on the study entitled, “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ given on my request by the Indian Council

of Social Science Research (hereinafter referred to as “ICSSR”), Aruna Asaf Ali Marg, New Delhi- 110 067.

1. I have read and fully understood all the rules and regulations governing the Research Fellowship scheme of the ICSSR. I agree to abide by the admissible rules and regulation of Senior/Post-Doctoral Fellowships, as in force from time to time and subsequent changes/modifications/amendment made thereto. The fellowship may be discontinued if research progress is found unsatisfactory or any ICSSR rules are violates or I am found to have willfully suppressed any fact/information.
2. I agree to submit three copies of the report to be prepared by me in a properly typed form within six months after the expiry of fellowship period.
3. I agree to submit the raw data in the form of schedules or notes or processed on electronic devices such as floppies, pen drive, etc. to the ICSSR at the end of the fellowship, if so required.
4. I agree to give due acknowledgement of the support provided to me for the aforesaid study by the ICSSR in all publications, including articles/ papers, etc. written by me.
5. I also agree to refund to the ICSSR the money released to me by the ICSSR in case I fail to complete the study within the time allowed or permitted by ICSSR except for any unforeseen/ extraordinary circumstances brought to the notice of ICSSR in writing.
6. In case I am found to have willfully suppressed any fact regarding financial assistance received by me earlier from any other source to work on this topic, the ICSSR can terminate my fellowship and recover the amount paid to me by the ICSSR with/without penal interest.

Signature

(Name and address of the Scholar)

Place:

Date:

*Countersigned by –*

1. Signature of Supervisor *(for PDF only)*
2. The Registrar/Director/Principal