INDEMNITY BOND/UNDERTAKING

I,Sri/Ms/Mrs	, Son/daughter/wife	of
do	hereby undertake/ execute this bond to com	plete
my research work "	(Title of the Ph.D. work)" unde	r the
supervision of	(Name of the Supervisor	with
his/her designation and name	e of the University) and registered under	the
University(Na	ame of the University) with Ph.D. registr	ation
No as a	full time scholar and submit Ph.D. thesis within	n the
stipulated period of 4 years. If it	has to be extended to 5^{th} year, I shall take the	prior
approval of the Odisha Higher	Education Council (OSHEC) in Higher Educa	ation
Department, Government of Od	lisha to complete the work and submit the F	h.D.
thesis without fellowship. If I	I leave the fellowship in between, then I wi	ll be
abiding by the clause no. 4.6.11 c	of MRFP Guidelines.	
Date:	(Signature of the scholar)	