



शोध निदेशालय

Directorate of Research

महात्मा ज्योतिबा फुले रुहेलखण्ड विश्वविद्यालय, बरेली

MAHATMA JYOTIBA PHULE ROHILKHAND UNIVERSITY, BAREILLY



Phone No.0581-4022293

E-mail: office.dor@mjpru.ac.in

UNDERTAKING

I, Shri/Smt./Ms. _____ Research Scholar, the
Department of _____,
University/College _____ Student Id
(UGC) _____ hereby declare that I am claiming fellowship
for the month of _____ Year _____.

I further undertake that I am not going to submit my thesis within next one month
for which fellowship is being claimed. In case of any discrepancy found later, I
shall be solely responsible and the fellowship amount, if paid, may be recovered
as per rules.

This undertaking is being submitted for the purpose of processing my fellowship
claim.

Signature of Research Scholar

Name:

Date:

Place:

Verified by Supervisor

Signature of Supervisor with Stamp

Name:

Designation:

Department: