

**Bharati Vidyapeeth
(Deemed to be University)
Dental College & Hospital, Pune
Institutional Research Committee**

**PHD SCHOLAR/FACULTY/ POST-GRADUATE STUDENT/UNDER-GRADUATE STUDENT
UNDER-TAKING
REGARDING EXPENSES FOR RESEARCH/ DISSERTATION/THESIS PURPOSE**

Date: _____

I, Dr./Mr./Ms./Mrs. _____, currently
working as a PhD Scholar/Faculty/Post-graduate Student/Under-graduate Student in the
Department of _____ am pursuing a study
entitled' _____

_____ ' as my
Dissertation for the partial fulfillment for the Degree of Master of Dental Surgery/Thesis
(PhD)/Short Study .

The approximate expenses for the above shall be approximately Rs. _____

In words _____

I am aware that whatever expenses are required for the Thesis/Dissertation/ Short Study work
will be incurred by me. The patient and the institute shall not be expected to bear any expense
towards the Thesis/Dissertation/Short Study work. The complete responsibility of the same lies
with me and nobody else will be held responsible for the same.

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I shall abide by the decisions of the Institutional Research Committee with regard to expenses incurred for this study.

Signature of the PhD SCHOLAR/ Faculty/ Post-graduate Student/ Under-graduate Student:

Name of the PhD SCHOLAR/ Faculty/ Post-graduate Student/ Under-graduate Student:

Name of the PhD/Post-graduate/Under-graduate Guide:

Sign of PhD/Post-graduate/Under-graduate Guide:

Name & Sign of Head of Department:

Stamp of Head of Department: