**To,**

**The Member Secretary,**

**Institutional Ethics Committee,**

**Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.**

**Date:**

**UNDERTAKING FOR REGARDING EXPENSES FOR RESEARCH/ DISSERTAION/THESIS PURPOSE**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am currently working as a postgraduate student/staff/PhD student in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am pursuing a study entitled ‘\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’ as my clinical dissertation for the partial fulfillment for the Degree of Master of Dental Surgery/Thesis (PhD)/Short Study .

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

The approximate expenses for the above shall be approximately Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature of the staff/postgraduate student/Ph D. Scholar:

Name & Signature of the Post graduate Guide/Ph. D. Guide:

Name & Signature of the Head of the Department:

Department Seal: