

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

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**PHD SCHOLAR/FACULTY/ POST-GRADUATE STUDENT/UNDER-GRADUATE STUDENT  
UNDER-TAKING**

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**REGARDING EXPENSES FOR RESEARCH/ DISSERTATION/THESIS PURPOSE**

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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 Research Project/ Dissertation/ Short study for the partial fulfillment for the Degree of Master of Dental Surgery/ PhD /Presentation/ Publication .

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.

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

**Signature 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:**