**PhD SCHOLAR/FACULTY/ POST-GRADUATE STUDENT/UNDER-GRADUATE STUDENT**

**UNDER-TAKING**

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

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

I, Dr./Mr./Ms./Mrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, currently working as a PhD Scholar/Faculty/Post-graduate Student/Under-graduate Student in the Department ofam 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 Studywork. The complete responsibility of the same lies with me and nobody else will be held responsible for the same.

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 thePhD 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:**