

UNDERTAKING GIVEN BY M.Tech./M.Plan STUDENTS HALF
TEACHING FELLOWSHIP IN NATIONAL INSTITUTE OF
TECHNOLOGY CALICUT

I,son/daughter of
..... hereby undertake that

- a) As on(Admission date) I have not been selected for any regular appointment /service and I am registering for full time **M.Tech./M.Plan.** programme of the National Institute of Technology, Calicut with the intention of completing the course within the period as stipulated in the regulations of the Institute.
- b) I will obtain prior permission of the Director, National Institute of Technology, Calicut for appearing for any examination conducted by other Institutions/universities/Public bodies etc;
- c) I will not apply for or accept a job in any institution in India or abroad without obtaining prior permission from the Director, National Institute of Technology, Calicut.
- d) I will not discontinue the studies or relinquish the fellowship during its tenure without the prior approval of the Director and I shall refund the entire amount of fellowship received by me from the date of commencement of fellowship programme to the Director, National Institute of Technology, Calicut in case I discontinue the studies or relinquish the fellowship.
- e) I will abide by the rules for the award and renewal of the research fellowship existing and as stipulated by the Ministry of Education, Government of India and the National Institute of Technology Calicut from time to time.

Name:

Signature:

Roll No:**PERMANENT ADDRESS:**

Date:

Phone:

E-Mail:

Aadhaar Number:[illegible]

DECLARATION

I..... (Roll No.....) doing the
..... Year, full time M.Tech. Programme, do hereby declare that in case the implementation of
the revision of fellowship as contained in Order F.No.17-2/2014-TS.I dated 18.02.2015 being paid to me
is objected by any audit or any other competent authority on any ground, I shall immediately repay all the
amounts received by me without any objection from me and/or it can be recovered/adjusted from the
fellowship/any other amounts that may be due to me.

Name.....

Roll No.....

Department.....

Date:

Signature.....