**DECLARATION AND ATTESTATION**

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| 1. I/We have read the terms and conditions for HRD Scheme of D/O Health Research. All necessary Institutional facilities will be provided if the fellowship is approved for financial assistance.
2. The mentor has capabilities and all necessary facilities in his/her lab to carry out the proposed work.
3. I/We agree to submit within one month from the date of completion of the training the final report.
4. I/We agree to submit audited statement of accounts duly audited by the auditors as stipulated by the DHR/ICMR.
5. I/We agree to submit (online) all the raw data (along with descriptions) generated from the training to the ICMR/DHR Data Repository within one month from the date of completion /termination of the project.

Signature of the:a) Fellow\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Mentor /Co-Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_c) Head of the Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Head of the Institution with seal |
| Date: |  |

Adequate information must be furnished in a brief but self-contained manner.