**Undertaking**

**PI has not submitted the project proposal to any other agency for funding**

This is to certify that the project entitled ”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” has not been submitted to any funding agency or institution other than the Indian Council of Medical Research (ICMR).

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Signature of Principal Investigator Date