**UNDERTAKING PART – I
(from institute)**

Name of the Project :

Name of the PI :

Name of the Institute :

ICMR file reference No. :
*(note: ICMR file reference no will be
generated after project is
technically approved. Leave blank initially)*

Name, designation and address of :

The Name of Statutory Auditor of

Host Institute ( Panel No of the C.A. with CAG/ MOH&FW)

 ICMR funds all extra-mural projects on the condition that the staff employed by the project will be recruited as per the rules and procedure of the host institute. ICMR has apprised us of this rule and we have carefully noted it. It is confirmed that during the currency of the project entitled,” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_underDr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as well as on its termination relating all legal liabilities relating to staff etc, will be the responsibility of the host Institute and not of the ICMR.

 Signature

 Head of the Institute

(Seal)

PLACE:

DATE: