**UNDERTAKING**

BioRRAP id of the proposal:

Title of the proposal:

I hereby declare that the information/statements in this form and the additional particulars furnished herewith are true, accurate and cited after due consent of the foreign collaborator of this research proposal.

I understand that in the event of my information being found false or incorrect at any stage, my project/proposal shall be liable to cancelation / termination without notice or any compensation in lieu thereof.

--------------------------------------------

(Signature)

Name -------------------------------------

 Designation -----------------------------

Institute-----------------------------------

 Date **--------------------------------------**